2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90052 022 ****61.25

DOCUMENT # N9900003098				04-16-2007 90052 022 ****61.25	
, 1. Entity Nam IL LUGAN	ne NO CONDOMINIUM AS	SSOCIATION, INC.			
Principal Plac 300 SEMINO PALM BEACH		Mailing Address PRIME MANAGEMENT 400 TONEY PENNA D JUPITER, FL 33458		400e14n2	
2. Principal P	Place of Business - No P.O. Box				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ement Group	01122007 Chg-NP CR2E037 (12/06)	
City & Stat	е	City & State	-/.	4. FEI Number Applied For 38-3641286 Not Applied For	
Zip	Country	33458	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	_
	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent	
TAGUE, J	OHN W	10	Name 5 +	John, Core & Lemme, P.A.	
400 TONE	ANAGEMENT GROUP, IN EXPENNA DR. FL 33458	IC.	Street Addre	nturion Tower Suite 101	
JUFJJEK,	FL 334360		City City	Place FL Zip Code	
	e named entity submits this stater tions of registered agent.	ment for the purpose of changing is	ts registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept	pt
Signature (Signature, typed or printed name of register	- DAUD A. ed agent and title if applicable (NC	COPE, Seach	$\frac{1}{2}$ $\frac{3}{23}$ $\frac{2}{20}$ $\frac{7}{20}$	
	Filing Fee is \$61.25 Due by May 1, 2007		ampaign Financing Contribution	\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	Due by May 1, 2007			\$5.00 May Be Make check payable to	
10. TITLE (NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	Trust Fund	11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Thange Additional Cynthia 300 Seminole Ave. 2A	ion
TITLE (NAME STREET ADDRESS	OFFICERS A D FRIEDMAN, CYNTHIA 400 TONEY PENNA DR.	Trust Fund	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS A D FRIEDMAN, CYNTHIA 400 TONEY PENNA DR. JUPITER, FL 33458 PD GOLDEN, RAYMOND 400 TONEY PENNA DR.	Trust Fund ND DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Freidman (ynthia 300 Seminale Ave 3480 Proliden, Raymond Ave 54 Folden, Raymond Ave 54 Falm Beach F1. 33480 VP5 Shevell, Myron 466	ion
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DOCUMENT # N99000003098 12. LUGANO CONDOMINIUM ASSOCIATION, INC. ATTACHMENT 40061405 Principal Place of Business Mailing Address 300 SEMINOLE AVE. PRIME MANAGEMENT GROUP, INC. PALM BEACH, FL 33480 400 TONEY PENNA DR. JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-NP CR2E037 (12/06) 2074W./NDIANTOWN RT#200 Applied For City & State City & State 4. FEI Number 38-3641286 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAGUE, JOHN W Street Address (P.O. Box Number is Not Acceptable) PRIME MANAGEMENT GROUP, INC. 400 TONEY PENNA DR. JUPITER, FL 33458 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition FRIEDMAN, CYNTHIA NAME NAME 400 TONEY PENNA DR. STREET ADDRESS STREET ADDRESS JUPITÉR, FL 33458 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITEF ☐ Change Addition GOLDEN, RAYMOND NAME NAME STREET ADDRESS 400 TONEY PENNA DR. STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-7IP VPS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHEVELL, MYRON NAME 400 TONEY PENNA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROSS, STEPHEN NAME NAME STREET ADDRESS 400 TONEY PENNA DR. STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KATZ JUDY MAME NAME 400 TONEY PENNA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone