

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005108 (1)

1. Corporation Name:

LAKE LUCERNE ASSOCIATES, INC.



Principal Place of Business

11865 ROYAL PALM BLVD.
APT. 104
CORAL SPRINGS FL 33065

Mailing Address

11865 ROYAL PALM BLVD.
APT. 104
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0639307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1400 E. HILLSBORO BLVD

Suite, Apt. #, etc.

#100

22 City & State

23 DEERFIELD BCH. FL

Zip

33441

Country

24

2a. Mailing Address

26 1400 E. HILLSBORO BLVD

Suite, Apt. #, etc.

#100

27 City & State

28 DEERFIELD BCH FL

Zip

33441

Country

29

30

9. Name and Address of Current Registered Agent

POSNER, GARY
11865 ROYAL PALM BLVD #104
CORAL SPRINGS FL 33065

81 Name

GARY POSNER

82 Street Address (P.O. Box Number is Not Acceptable)

21205 N.E. 34th AVE #906

83

84 City

AVENTURA

FL

85

Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer, president, or registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME POSNER, GARY D
STREET ADDRESS 11865 ROYAL PALM BLVD #104
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. GARY POSNER
1.2 NAME
1.3 STREET ADDRESS 21205 N.E. 34th AVE #906
1.4 CITY-ST-ZIP AVENTURA FL 33180

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)