

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005979

**Entity Name:** LUCERNE POINTE RECREATION ASSOCIATION, INC.**Current Principal Place of Business:**

LUCERNE POINTE RECREATION ASSOCIATION, INC.  
4580 LUCERNE LAKES BLVD., W.,  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES  
3900 WOODLAKE BLVD STE 309  
LAKE WORTH, FL 33463 US

**FEI Number:** 65-0255540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WASSERSTEIN, DANIEL ESQ.  
DANIEL WASSERSTEIN ESQ  
301 YAMATO ROAD, 2119  
BOCA RATON , FL 33431 US

*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.*

**SIGNATURE:** DANIEL WASSERSTEIN

02/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name POLES, NORMAN  
Address GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. #309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name SHULMAN, HAROLD  
Address 3900 WOODLAKE BLVD.  
# 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name DEFLICE, TONY  
Address GRS MANAGEMENT ASSOCIATES  
3900 WOODLAKE BLVD STE 309  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name LESTER, ARTHUR  
Address GRS MANAGEMENT ASSOCIATES  
3900 WOODLAKE BLVD 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name CASERTANIO, CARL  
Address GRS MANAGEMENT ASSOCIATES  
3900 WOODLAKE BLVD STE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name HALEY, DOROTHY  
Address GRS MANAGEMENT ASSOCIATES  
3900 WOODLAKE BLVD STE 309  
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER  
Name FALCK, BEVERLY  
Address GRS MANAGEMENT ASSOCIATES  
3900 WOODLAKE BLVD STE 309  
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT  
Name MAYBLUM, LORRAINE  
Address GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. 309  
City-State-Zip: LAKE WORTH FL 33463

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAYBLUM , LORRAINE

PRESIDENT

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ALZATE, PERLA
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. 309
City-State-Zip:	LAKE WORTH FL 33463