

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005979

Entity Name: LUCERNE POINTE RECREATION ASSOCIATION, INC.**Current Principal Place of Business:**4580 LUCERNE LAKES BLVD. W.
LAKE WORTH, FL 33467**Current Mailing Address:**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:**GELFAND, MICHAEL JESQ
GELFAND & ARPE, P.A. REGIONS FINANCIAL TWR
1555 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH, FL 33401 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	MARLENE, KRAUSS
Address	3900 WOODLAKE BLVD. #309
City-State-Zip:	LAKE WORTH FL 33463

Title	T
Name	SPINNER, YVETTE
Address	3900 WOODLAKE BLVD. # 309
City-State-Zip:	LAKE WORTH FL 33463

Title	PRESIDENT
Name	LAUER, IRVING
Address	3900 WOODLAKE BLVD. # 309
City-State-Zip:	LAKE WORTH FL 33463

Title	VP
Name	CONCA, RALPH
Address	3900 WOODLAKE BLVD. # 309
City-State-Zip:	LAKE WORTH FL 33463

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: IRVING LAUER

PRESIDENT

02/24/2016

Electronic Signature of Signing Officer/Director Detail_____
Date