

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 764161

1. Corporation Name
Lucerne Lakes Golf Colony #1 Condominium Assoc. Inc.

Principal Place of Business Mailing Address
7268 Golf Colony Ct.
Lake Worth, FL 33467

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-99


2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7-12-82	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2555229	
Country		Country		Applied For	
		USA		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Mike Pollack	7101 Golf Colony Ct. #103	Lake Worth, FL 33467
VPD	Elsie Kikta	7113 Golf Colony Ct. #103	Lake Worth, FL 33467
SD	Dolores Englert	7149 Golf Colony Ct. #106	Lake Worth, FL 33467
			300002270893-4 -08/19/97-01027-003 ***358.75 ***350.75
			8/18/18

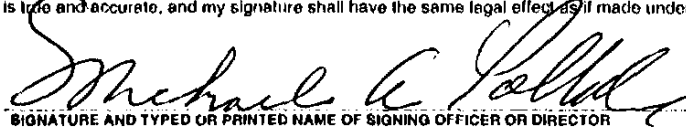
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Richard H. Gerrish c/o CMC Management Inc.	
		Street Address (P.O. Box Number is Not Acceptable) 2994 Jog Road	
		Suite, Apt. #, Etc. Suite B.	
		City Greenacres	State FL
			Zip Code 33467

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____