

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED
APR 30, 2005 8:00 AM
BY: Secretary of State

DOCUMENT # 764161
1. Entity Name
 LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 1 ASSOCIATION, INC.



Principal Place of Business
 7268 GOLF COLONY CT.
 LAKE WORTH FL 33467
 US

Mailing Address
 2994 JOG ROAD
 SUITE B
 GREENACRES FL 33467

2. Principal Place of Business
 Suite, Apt #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt #, etc.
 City & State
 Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
 GERRISH, SCOTT
 C/O CMC MANAGEMENT GROUP INC.
 2994 JOG ROAD SUITE B
 GREEN ACRES FL 33467

4. FEI Number
 59-2555229

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 Applied For Not Applicable

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: *Scott A. Gerrish* DATE: *April 27, 2005*
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	MATERA, ANTHONY	7149 GOLF COLONY CT 103	LAKE WORTH FL 33467	<input type="checkbox"/>
VD	MATTERA, ANTHONY	7113 GOLF COLONY CT #102	LAKE WORTH FL 33467	<input type="checkbox"/>
SD	ELSIE, KIKTA	7149 GOLF COLONY CT 103	LAKE WORTH FL 33467	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Scott A. Gerrish* Date: *04/26/05* (561) 641-1016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR