FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 764163 1. Corporation Name

LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 3 ASSO CIATION, INC.

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

2. Principal Place of Business

Mailing Address

2994 JOG ROAD SUITE B

2a. Mailing Address

GREENACRES FL 33467

FILED May 06, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

21	26					07/12/1982						
	e, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number				Api	olied For		
22	27					59-2555237				Not Applicable		
	City & State City & State					5	Certifcate of Statu	ic Decired		\$8.75 A		
23	28					J. (Certificate of State	is Desiled	<u> </u>	Fee Re	quired	
Zip	Country Zip C					6. Election Campaign Financing					May Be	
24	25 29 30				Trust Fund Contribution					Added to	Fees	
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Agent								
					81 Name Scot A Gerrish							
R.H. GERI	RISH C/O CMC MANAGEMENT, (NC.		82	Street Addre	/	O. Box Number is					
2994 JOG ROAD				2094 Jog Hd #16								
SUITE B	,,,,,,,			83			J					
	RES FL 33467			84	City /					85 Zip Ç	ode —	
				•	(7)X	20	nacres_		FL	1 150	461	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 corporations board officers. I hereby accept the appointment as registered												
SIGNATURE Scot A. Gerresh												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating): DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12												
12.	OFFICERS AN	ID DIRECTORS	13			Α	DDITIONS/CHAN	GES TO OFF	FICERS ANI			
गाये्€	PD	Li De	ELETE 1.1	TITLE						☐ Change	Addition	
NAME	PERILLO, ROCCO		1.2	NAME							İ	
STREET ADDRESS	ss 7185 GOLF COLONY CT. #201			1.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL 33467			CITY-ST-	ZIP					·		
TITLE	VPD □ DELETE			TITLE						Change	Addition	
NAME \	LUTERTO, J		2.2	NAME								
STREET ADD RESS	7185 GOLF COLONY CT, 105			STREET A	UDDRESS							
CITY-ST-ZIP	LAKE WORTH FL 33467			CITY-ST	ZIP							
TITLE	TD DELETE			3.1 TITLE						Change	☐ Addition	
NAME 1	STAINMAN, ESTHER			3.2 NAME								
STREET ADDRESS	7209 GOLF COLONY CT. #102				ODRESS							
CITY-ST-ZIP	LAKE WORTH FL 33467			CITY-ST	ZIP							
TITLE		☐ DE	ELETE 4.1	TITLE						Change	☐ Addition	
NAME			4. 2	NAME								
STREET ADDRESIS			4.3	STREET	ODRESS							
CITY-ST-ZIP			4.4	CITY-ST-	ZIP							
TITLE '		□ DE		TITLE						Change	☐ Addition	
NAME				NAME							}	
STREET ADDRESS			5.3	STREET	NDORESS							
CITY-ST-ZIP				CITY-ST-	ZIP							
TITLE				TITLE						Change	☐ Addition	
NAME			6.2	NAME								
STREET ADDRESS			6.3	STREET	NDDRESS							
CITY-ST-ZIP			6.4	CITY-ST-	ZiP					(E. IL I AL . :-		

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 of 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR