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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764164

1. Corporation Name

**LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 4 ASSO
 CIATION, INC.**

Principal Place of Business 7268 GOLF COLONY CT. LAKE WORTH FL 33467	Mailing Address 2994 JOG ROAD SUITE B GREENACRES FL 33467
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/12/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2555238
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GERRISH, R H C/O CMC MANAGEMENT INC. 2994 JOG ROAD SUITE B GREENACRES FL 33467	10. Name and Address of New Registered Agent 81 Name Scot A. Gerrish 82 Street Address (P.O. Box Number is Not Acceptable) 2994 Jog Rd #B 83 84 City Greenacres FL 85 Zip Code 33467
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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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Scot A. Gerrish DATE 4-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1.2 NAME
PD PAGANO, MARY ANN	1.3 STREET ADDRESS	STREET ADDRESS	1.4 CITY-ST-ZIP
7161 GOLF COLONY CT #202	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD Anthony Ercolano	2.2 NAME
LAKE WORTH FL 33467	2.3 STREET ADDRESS	7161 Golf Colony Ct. #	2.4 CITY-ST-ZIP
LAKE WORTH FL 33467	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Lake Worth, FL 33467	3.2 NAME
TITLE <input type="checkbox"/> DELETE	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP
VD DUPONT, GEORGE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		4.2 NAME
7181 GOLF COLONY CT #102	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP
LAKE WORTH FL 33467	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		5.2 NAME
TITLE <input type="checkbox"/> DELETE	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP
STD MATTEI, JEAN	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		6.2 NAME
7137 GOLF COLONY CT #101	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP
LAKE WORTH FL 33467			

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

SIGNATURE: Mary Ann Pagano **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (1/198)