

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90043 029 \*\*\*\*61.25

**DOCUMENT # 764164**

1. Entity Name

**LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 4 ASSO**

Principal Place of Business

Mailing Address

**7268 GOLF COLONY CT.  
LAKE WORTH FL 33467**

**2994 JOG ROAD  
SUITE B  
GREENACRES FL 33467-2000**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2555238**

Applied F

Not App

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERRISH, SCOT A  
2994 JOG ROAD SUITE B  
GREENACRES FL 33467**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **PAGANO, MARY ANN**  
STREET ADDRESS **7161 GOLF COLONY CT #202**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **ERCOLANO, ANTHONY**  
STREET ADDRESS **7161 GOLF COLONY CT #102**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **MATTEI, JEAN**  
STREET ADDRESS **7137 GOLF COLONY CT #101**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11, changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

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

Date

Daytime Phone #