

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 764866

1. Entity Name

LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 6, ASSO

FILED
May 08, 2000 8:00 am
Secretary of State

03-03-2000 90256 043 ****61.25

Principal Place of Business 7268 GOLF COLONY CT. LAKE WORTH FL 33467	Mailing Address 7268 GOLF COLONY CT. LAKE WORTH FL 33467-3980
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2555245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERRISH, SCOT A
2394 JOG ROAD
SUITE B
GREENACRES FL 33467

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.

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
T NAME: GRIFFITH-JORGENSEN, BARBARA STREET ADDRESS: 7269 GOLF COLONY CT. #201 CITY-ST-ZIP: LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
P.D. NAME: JORGENSEN, BILL STREET ADDRESS: 7269 GOLF COLONY CT. #201- CITY-ST-ZIP: LAKE WORTH FL 33467	<input type="checkbox"/> Delete
V.P.D. NAME: BERGANTINI, JOHN STREET ADDRESS: 7257 GOLF COLONY UNIT 102 CITY-ST-ZIP: LAKE WORTH FL 33467	<input type="checkbox"/> Delete
T.D.S. NAME: BOISMENU, GASTON STREET ADDRESS: 7257 GOLF COLONY CT., #103 CITY-ST-ZIP: LAKE WORTH FL 33467	<input type="checkbox"/> Delete
D NAME: HAROLD CHARNEY STREET ADDRESS: 7257 GOLF COLONY CT CITY-ST-ZIP: LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
D NAME: NANCY FARRAH STREET ADDRESS: 7269 GOLF COLONY CT. #101 CITY-ST-ZIP: LAKE WORTH, FL 33467	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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