

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-14-2002 90351 010 ****61.25

DOCUMENT # 1764866
1. Entity Name
Lucerne Lakes Golf Colony Condominium
No. 6 Association, Inc.

DO NOT WRITE IN THIS SPACE

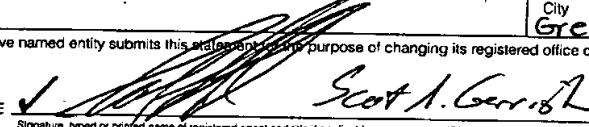
92904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		c/o 2994 Jog Road		59-2555245		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Lake Worth, FL		Greenacres, FL		<input type="checkbox"/>			
Zip	Country	Zip	Country				
33467	USA	33467	USA				

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent					
		Name Scot Gerrish					
		Street Address (P.O. Box Number is Not Acceptable) 2994 Jog Road					
		Suite B					
		City		FL		Zip Code	
		Greenacres, FL		FL		33467	

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.

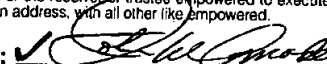
SIGNATURE  **Scot A. Gerrish** DATE **04/16/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Amodio, John 1257 Golf Colony Ct. #202 Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Muratore, Vincent 1281 Golf Colony Ct. #205 Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Klein, Mark 1269 Golf Colony Ct. #104 Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hastings, Evelyn Gandolfo 1281 Golf Colony Ct. Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **04/16/02** DAYTIME PHONE # **(561) 641-1016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)