

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90355 007 ****61.25

DOCUMENT # 764866

1. Entity Name
LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 6 ASSOCIATION, INC.



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

Mailing Address
**2994 JOG RD
 STE B
 LAKE WORTH, FL 33467**

40073470

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2555245

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GERRISH, SCOT A
 2994 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

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE **Scott A. Gerrish** **4-28-06**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	BERGANTINI, JOHN	
STREET ADDRESS	7257 GOLF COLONY CT #102	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HASTINGS, EVELYN G	
STREET ADDRESS	7281 GOLF COLONY CT	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'KEEFE, JERIMIAH	
STREET ADDRESS	7257 GOLF COLONY COURT, #105	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY FARRAH	
STREET ADDRESS	7268 GOLF COLONY CT. #101	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFRED SCHNECK	
STREET ADDRESS	7281 GOLF COLONY CT. #201	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Emily Sandoz**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #