
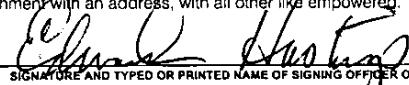


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90053 009 \*\*\*\*61.25

<b>DOCUMENT # 764866</b>					
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 2950 JOG RD LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2555245	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKER, EDWARD 1818 AUSTRALIAN AVE SOUTH WEST PALM BEACH, FL 33409			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASTINGS, EVELYN		NAME		
STREET ADDRESS	7281 GOLF COLONY CT #203		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASTINGS, EVELYN G		NAME		
STREET ADDRESS	7281 GOLF COLONY CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAGRAN, NANCY		NAME		
STREET ADDRESS	7209 GULF COLONY CT., #101		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAECK, ALFRED		NAME		
STREET ADDRESS	7281 GULF COLONY CT., #201		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASTINGS, EDWARD		NAME		
STREET ADDRESS	7281 GOLF COLONY CT #203		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					