

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91407 030 ****61.25

DOCUMENT # 764866



1. Entity Name
**LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 6 ASSO
CIATION, INC.**

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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2555245**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature: Scot A. Gerrish]
[Handwritten Date: April 28, 2003]

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MURATORE, VINCENT	
STREET ADDRESS	7281 GOLF COLONY CT #205	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, MARK	
STREET ADDRESS	7269 GOLF COLONY CT. #201	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BERGANTINI, JOHN	
STREET ADDRESS	7257 GOLF COLONY UNIT 102	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	HASTINGS, EVELYN G	
STREET ADDRESS	7281 GOLF COLONY CT	
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		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amodio, John	
STREET ADDRESS	7257 Golf Colony Ct. #202	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hastings, Evelyn	
STREET ADDRESS	7281 Golf Colony Ct. #203	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VINCENT MURATORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7281 GOLF COLONY CT. #205	
STREET ADDRESS	LAKE WORTH FL 33467	
CITY-ST-ZIP	VIC PRES.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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 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:

[Handwritten Signature: Vincent Muratore]
VINCENT MURATORE

[Handwritten Date: 4/22/2003]

CR2E037 (10/02)