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May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764867 (8)

1. Corporation Name  
LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 7 ASSOCIATION, INC.



Principal Place of Business: 7266 GOLF COLONY CT. LAKE WORTH FL 33467  
Mailing Address: 2994 JOG ROAD SUITE B GREENACRES FL 33467

3. Date incorporated or Qualified: 09/23/1982  
4. FEI Number: 59-2227790  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: R.H. GERRISH C/O CMC MANAGEMENT, INC. 2994 JOG ROAD SUITE B GREENACRES FL 33467

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: R.H. Gerrish (with signature) DATE: 4/21/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, HARRIET	
STREET ADDRESS	7226 GOLF COLONY CT #204	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MARILYN	
STREET ADDRESS	7272 GOLF COLONY CT., #103	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	STO	<input type="checkbox"/> DELETE
NAME	KETZNER, HELEN	
STREET ADDRESS	7238 GOLF COLONY CT., #203	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miccio, Phil	
1.3 STREET ADDRESS	7250 Golf Colony Ct. #101	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gervasi, Josephine	
2.3 STREET ADDRESS	7262 Golf Colony Ct. 103	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Josephine Gervasi (with signature) DATE: 4/21/98

CP2E037 (10/97)