

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764868 (6)**

1. Corporation Name  
**LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 8 ASSO  
 CIATION, INC.**



Principal Place of Business <b>7208 GOLF COLONY CT. LAKE WORTH FL 33467</b>	Mailing Address <b>2994 JOB ROAD SUITE B GREENACRES FL 33467</b>
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3. Date Incorporated or Qualified <b>09/23/1982</b>	
4. FEI Number <b>59-2227792</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>FOO, RONALD</b>	
STREET ADDRESS	<b>7214 GOLF COLONY CT. #203</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	
NAME	<b>BOYD, WALTER</b>	
STREET ADDRESS	<b>7190 GOLF COLONY CT., #105</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>SD</b>	
NAME	<b>SHIELDS, THOMAS</b>	
STREET ADDRESS	<b>7214 GOLF COLONY CT. #102</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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: *[Signature]*

CFR2037 (10/97)