

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90186 002 ****61.25

DOCUMENT # 764868					
1. Entity Name LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 8 ASSOCIATION, INC.					
Principal Place of Business 7268 GOLF COLONY CT. LAKE WORTH, FL 33467			Mailing Address 2994 JOB ROAD SUITE B GREENACRES, FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GERRISN, SCOT A 2994 JOG ROAD SUITE B GREENACRES, FL 33467				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 		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) Scott A. Gerrish 4-25-06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORST, DOROTHY		NAME		
STREET ADDRESS	7214 GOLF COLONY CT #206		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	VPTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD, FOO		NAME		
STREET ADDRESS	7214 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 checked="" type="checkbox"/> Addition
NAME			NAME	MEREPITH SHAW	
STREET ADDRESS			STREET ADDRESS	7190 GOLF COLONY CT. #104	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete	TITLE	SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JILL NOVA	
STREET ADDRESS			STREET ADDRESS	7190 GOLF COLONY CT. #201	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE WORTH, FL 33467	
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		
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: 4/18/06		Daytime Phone #: 968-5440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	