


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-25-2008 90053 003 ****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 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			
Zip	Country	Zip	Country	4. FEI Number 59-2227792	
				Applied For <input type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, MEREDITH	NAME			
STREET ADDRESS	7190 GOLF COLONY CT. #104	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NOVA, JILL	NAME	RONALD FOO		
STREET ADDRESS	7190 GOLF COLONY CT. #201	STREET ADDRESS	7214 GOLF COLONY CT UNIT 203		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FLORIDA 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		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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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: <u>Dorothy Gorsk</u>		Date: <u>2/19/08</u>		Daytime Phone #: <u>561-968-5440</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					