

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

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

S/S.

05-05-2003 91407 025 \*\*\*\*61.25

**DOCUMENT # 764868**

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



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

Mailing Address  
**2994 JOG ROAD  
SUITE B  
GREENACRES FL 33467**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

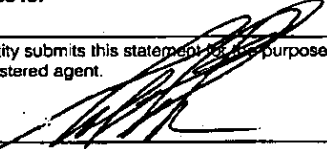
6. Name and Address of Current Registered Agent

**GERRISH, SCOT A  
2994 JOG ROAD  
SUITE B  
GREENACRES FL 33467**

7. Name and Address of New Registered Agent

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  **Scott A. Gerrish** DATE **April 28, 2003**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FOO, RONALD 7214 GOLF COLONY CT. #203 LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GORST, DOROTHY 7214 GOLF COLONY LANE UNIT 206 LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LEMAY, CORRINE 7202 GOLF COLONY COURT #203 LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Gorst, Dorothy 7214 Golf Colony Ct. #206 Lake Worth, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T/D Tunitz, Vivian 7190 Golf Colony Ct. #104 Lake Worth, FL 33467</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S Greenfield, Annette 7202 Golf Colony Ct. #106 Lake Worth, FL 33467</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  **Dorothy Kerst** DATE **4/24/03** DAYTIME PHONE # **968-5440**

CR2E037 (10/02)