

FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764870

1. Corporation Name
LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 10 ASSOCIATION, INC.

Principal Place of Business 7268 GOLF COLONY CT. LAKE WORTH FL 33467	Mailing Address 2994 JOG ROD SUITE B GREENACRES FL 33467
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/23/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2227799
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent R.H. GERRISH C/O CMC MANAGEMENT INC. 2994 JOB ROAD SUITE B GREENACRES FL 33467		10. Name and Address of New Registered Agent 81 Name Scot A Gerrish 82 Street Address (P.O. Box Number is Not Acceptable) 2994 Jog Rd #B 83 84 City Greenacres FL 85 Zip Code 33467	
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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 Scot A. Gerrish DATE 4-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFEQ, TONY	1.2 NAME	
STREET ADDRESS	7082 GOLF COLONY CT., #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASATA, BILL	2.2 NAME	
STREET ADDRESS	7082 GOLF COLONY CT. #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLONE, EDITH	3.2 NAME	
STREET ADDRESS	7270 GOLF COLONY CT. #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Edith Vallone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)