

2000 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED
May 01, 2000 8:00 am
Secretary of State

02-08-2000 90043 024 ****61.25

DOCUMENT # 764870

1. Entity Name

LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 10 ASS

Principal Place of Business

Mailing Address

7268 GOLF COLONY CT.
LAKE WORTH FL 33467

2994 JOG ROD
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

4. FEI Number

59-2227799

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERRISH, SCOT A
2994 JOG RD
SUITE B
GREENACRES FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEFEO, TONY	
STREET ADDRESS	7082 GOLF COLONY CT., #102	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VASATA, BILL	
STREET ADDRESS	7082 GOLF COLONY CT. #101	PRESIDENT
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALLONE, EDITH	
STREET ADDRESS	7270 GOLF COLONY CT. #102	SECT/TREAS.
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP Thomas Kane	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	7070 Golf Colony Ct, #202	
STREET ADDRESS	Lake Worth, FL 33467	VP
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

2/1/00
 DATE

Daytime Phone #