

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764871

1. Entity Name

LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 11 ASS

Principal Place of Business

Mailing Address

7268 GOLF COLONY CT.
LAKE WORTH FL 33467

2994 JOG ROAD
SUITE B
GREENACRES FL 33467-2000

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 59-0227801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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
NAME PASSARELL, STANLEY
STREET ADDRESS 7118 GOLF COLONY CT., #103
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE VPD
NAME RICARDI, JOSEPH
STREET ADDRESS 7142 GOLF COLONY CT., #302
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE STD
NAME TICE, HELEN
STREET ADDRESS 7142 GOLF COLONY CT., #203
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE D
NAME COLLINS, LEO
STREET ADDRESS 7094 GOLF COLONY CT, 202
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE D
NAME KINSKY, EDGAR
STREET ADDRESS 7142 GOLF COLONY CT, 106
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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:

Stanley Passarell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90043 028 ****61.25

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DO NOT WRITE IN THIS SPACE