## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2004 8:00 am Secretary of State

						ctary or	State
DOCUN 1. Entity Name LUCERNE			02-17	-2004 90006 043	****61.25		
707. 20022 2		Mailing Address 4697 LUCERNE LAKES BL LAKE WORTH, FL 33467-					
29		3. Mailing Address 2994 Jog R	1994 Jog Road				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			72004 Chg-NP	CR2E037 (10	
City & State		City & State  Greenacres	reenacres, FL		I Number 9-2787572		Applied For Not Applicable
Zip	Country	33467	Country USA		ertificate of Status Des	Fee R	5 Additional equired
	6. Name and Address of Current F	legistered Agent	• 1	/, N	ame and Address of I	New Registered Agent	
DICKER, EDWARD 1818 AUSTRALIAN AVENUE SOUTH SUITE 1400			Sco	Scot A. Gerrish Street Address (P.O. Box Number is Not Acceptable) Clo CMC Management, Inc.			
WEST PALM BEACH, FL 33409			2994 City	194 Jog Road, Suite B			
	1			enace	es	FL   3	p Code 33467
	named entity submits this transmit for ions of registered acets.	the purpose of changing its re	gistered office or	registered age	ent, or both, in the State		
	SAM	Scot A.C	Serist	<del>7</del>		02/13/0	14
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signatur	re required when rei	nstating) , ";	DATE	<del></del>
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Cor	aign Financing	\$5.0	O May Be	Make check paya	able to
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10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR P MATHEWS, DOROTHY	9. Election Camp Trust Fund Con	aign Financing tribution.	\$5.0 Added	May Be to Fees ONS/CHANGES TO O	Make check pays Florida Department	able to it of State  DRS IN 10 hange
10.	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  P MATHEWS, DOROTHY 4911 LUCERNE LAKES BLVD #1 LAKE WORTH, FL 33467	9. Election Camp Trust Fund Con	aign Financing tribution.	\$5.0 Added	May Be to Fees ONS/CHANGES TO O	Make check pays Florida Department FFICERS AND DIRECTO  MICHAEL  CHES BIVE	DRS IN 10 hange Addition
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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 tiustee 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:

Authority Chapter 617

Courted Property Courted Property Chapter 619

Court SIGNATURE AND TYPED OR PHINTED HAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #