PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

M.	

DOCUMENT # -7/1/1/10

1. Corporation Name

LUCERNE LAKES GOLF COLONY COMMUNITY ASSOCIATION, INC.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Principal Place of Business 7268 Golf Colony Ct. Lake Worth, FL 33467 Malling Address c/o CMC Management, Inc. 2994 Jog Road, Suite B Greenacres, FL 33467 FILED 97 AUG -7 PM 3: 01

LEGALIZATI OF STATE TALLAHASSEE, FLORIDA

If above a	addresses are incorrect in any way, line thr	ough incorrect in	nformation a	nd enter	correction below.	REINS	TATI	emen	ITC	715-G	7	
				ng Office Address, If Applicable			4. Date Incorporated or Qualified					
Suite, Apt. #, etc. Suite, Apt. #,			etc.			July 1982 5. FEI Number					d For	
City & State City & State						59-2379022				 ' ' ' ' '	plicable	
Zip Country Zip			Country			- 6. CERTIFICATE OF STATUS DESIRED ☐				Additional Fee Certificate of	required Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)												
Title(s)	Title(s) 1 Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			City			/ State / Zip		
PD	Miccio, Phil 7250 Go				f Colony Ct. #101 Lake Wo				FL	33467	·	
,VD	Reisfield, Sid	4598 Lucerne Lakes Blvd. 201			Lake	Worth,	FL	33467				
SD	Bellarosa, Ann	4626	4626 Lucerne Lakes Blvd. 203				Worth,	FL	33467			
D	Jakubowski, Delphine 465				4654 Lucerne Lakes Blvd. 205				FL	33467		
D	Griffith-Jorgensen, Barbara 7269 Golf				Colony Ct. #201 Lake Worth, FL 3346				33467			
****CONTINUED ON FOLLOWING PAGE****								75				
	8. Name and Address of Current I	legistered Age	nt			9. Name and Address of New Registered Agent						
Rich	hard H. Gerrish				Name							
c/o	CMC Management, Inc.				Street Address (P.O. Box Number is Not Acceptable)						-4	
2994 Jog Road, Suite B					Sulte, Apt. #, Etc. ####358, 75 ####358, 75						.75	
Greenacres, FL 33467						State Zip Code						
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 507.0505, F.S.												
Signature of Registered Agent Date 7.29.97 REGISTERED AGENT-MUST SIGN												
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)												
12. certify i	that I am an officer or director or the receival alatement application, the reason for disso	er or trustee em ution has been	powered to	execule the corpor	his application as prate name satisfies t	ovided for in char he requirements o	oler 607 or 6 of section 60	617, F.S. I furth 07.0401 or 617	her certi 7.0401,	ify that when f F.S., that all f	lling ees	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICAT FOR ISTATE			Sandra B Secretar	TMENT OF STATE I. Mortham Ty of State CORPORATIONS				M.S		
DOCUMENT # 7/4/165											
LUCERNE LAKES GOLF COLONY COMMUNITY ASSOC. INC.											
Principal Place of Business 7268 Golf Colony Ct. c/o CMC Management Lake Worth, FL 33467 Creenacres, FL 33				Suite B							
		Incorrect in any way, line the Address, if Applicable			d enter correction below. Iress, If Applicable		porated or Qualified	July 1	1002		
Suite, Apt. (#, etc.		Sulte, Apt. #	elc.	**************************************	5. FEI Numbe	To Do Business in Florida July 5. FEI Number				
City & State	8		City & State			$\frac{59-2}{6}$	2379022	60.75	Not Applicable		
Zip		Country	Zip		Country	CERTIFICAT	E OF STATUS DESIRED		litional Lee required etificate of Status		
7. Names a Title(s)	Names and Street Addresses of Each Officer and/or Director (Florida no Name of Officers and/or Directors 2 3			<u> </u>	corporations must list at le Street Address of Eac Officer and/or Directo NOT Use Post Office Box	h or	4 Cit	y / State / Zij	р		
D	Lemack, Ed 7091 Golf				Golf Colony Ct	. #103	Lake Worth	FL 32	3467		
D Filippelli, Thomas					Lucerne Lakes		Lake Worth		3467		
				,							
	<u> </u>				,						
	8. Nam	e and Address of Current	Registered Age	nt	Name	9. Name and	 Address of New Registo	red Agent			
						P.O. Box Number is Not Acceptable)					
					Suite, Apt. #, Etc				(122-7-211-27		
					City	City State Zip Code					
10. I, being	appointed the	e registered agent of the abo	ve named corpo	ration, am fan	nilliar with and accept the o	bligations of Sect		FL			
Signature of Registered /	f Agent	AI.	GISTERED AG	ENT MUST SI	IGN		Date				
11. Do De	es this o	corporation pay a evenue under S.	iny intang 199.032,	ible tax t Florida \$	to the Statutes. Yes	□ No[er side for inf intangible ta			
this reins owed by	statement app the corporati	officer or director or the receivation, the reason for disso on have been paid and the rue and accurate, and my si	lution has been names of Individi	eliminated, the uals listed on t	e corporate name satisfies this form do not qualify for	the requirements an exemption un-	of section 607.0401 or 6	17.0401, F.S	3., that all fees		
SIGNAT	URE:	GNATURE AND TYPED OR PR	NTED NAME OF S	IGNING OFFICE	ER OR DIRECTOR		Date	Davlima Ph	none #		