

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** - 7641105

1. Corporation Name

LUCERNE LAKES GOLF COLONY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

7268 Golf Colony Ct.  
Lake Worth, FL 33467

Mailing Address

c/o CMC Management, Inc.  
2994 Jog Road, Suite B  
Greenacres, FL 33467

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

July 1982

5. FEI Number

59-2379022

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Miccio, Phil	7250 Golf Colony Ct. #101	Lake Worth, FL 33467
VD	Reisfield, Sid	4598 Lucerne Lakes Blvd. 201	Lake Worth, FL 33467
SD	Bellarosa, Ann	4626 Lucerne Lakes Blvd. 203	Lake Worth, FL 33467
D	Jakubowski, Delphine	4654 Lucerne Lakes Blvd. 205	Lake Worth, FL 33467
D	Griffith-Jorgensen, Barbara	7269 Golf Colony Ct. #201	Lake Worth, FL 33467
****CONTINUED ON FOLLOWING PAGE****			

8. Name and Address of Current Registered Agent

Richard H. Gerrish  
c/o CMC Management, Inc.  
2994 Jog Road, Suite B  
Greenacres, FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-29-97

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. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-97

861-4391523

pg. 1

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 95-97

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DOCUMENT # 741165

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D	Lemack, Ed	7091 Golf Colony Ct. #103	Lake Worth FL 33467
D	Filippelli, Thomas	4682 Lucerne Lakes Blvd 206	Lake Worth FL 33467

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #