2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 764165

Entity Name: LUCERNE LAKES GOLF COLONY COMMUNITY ASSOCIATION,INC.

Current Principal Place of Business:

7268 GOLF COLONY CT.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

2950 JOG ROAD
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 59-2379022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, EDWARD
1818 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

DICKER, EDWARD
1818 AUSTRALIAN AVE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 US

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: EDWARD DICKER 03/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SINAGRA, PHILIP
Address: 7185 GOLF COLONY CT #206
City-St-Zip: LK. WORTH, FL 33467

Title: S ( ) Delete
Name: HURLEY, ROBERT SR
Address: 7091 GOLF COLONY CT UNIT 201
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: PRESS, ARNOLD
Address: 7166 GOLF COLONY CT STE103
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: GARBARS, FREDERICK
Address: 4542 LUCERNE LAKES BLVD
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: CARILLI, ANTHONY
Address: 4542 LUCERNE LAKES BLVD. 203
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change ( ) Addition
Name: CARILLI, ANTHONY
Address: 4542 LUCERNE LAKES BLVD. 203
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL SINAGRA P 03/13/2009
Electronic Signature of Signing Officer or Director Date