

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764165

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

**Current Principal Place of Business:**

7268 GOLF COLONY CT.  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number: 59-2379022**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SINAGRA, PHILIP  
Address 4682 LUCERNE LAKES BLVD #205  
City-State-Zip: LAKE WORTH FL 33467

Title S  
Name HURLEY, ROBERT SR  
Address 7091 GOLF COLONY CT UNIT #201  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name DEVLIN, JAMES  
Address 7269 GOLF COLONY CT #106  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name PAGANO, MARYANN  
Address 7161 GOLF OLONY COURT # 202  
City-State-Zip: LAKE WORTH FL 33467

Title VP  
Name CARILLI, ANTHONY  
Address 4542 LUCERNE LAKES BLVD #101  
City-State-Zip: LAKE WORTH FL 33467

*I hereby 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 all other like empowered.*

**SIGNATURE: PHILIP SINAGRA**

**PRESIDENT**

**02/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date