


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90022 002 \*\*\*\*61.25

<b>DOCUMENT # 754925</b> 1. Entity Name VILLA DI LUCERNE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 616 LUCERINE AVE. LAKE WORTH, FL 33460 US	Mailing Address P.O. BOX 290 LAKE WORTH, FL 33460 US
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DO NOT WRITE IN THIS SPACE



04072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2115817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, JOSE L ESQ.  
TWENTY FIVE SEABREEZE AVE., STE. 202  
DELRAY BEACH, FL 33483

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLANGELO, PETER 116 E OCEAN AVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MCMILLAN, RICHARD 116 E OCEAN AVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALLEN, BO 116 E OCEAN AVE LANTANA, FL 33462
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Colangelo, Pres. 4-10-07 561-547-6575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PETER COLANGELO