


FILED
May 25, 2007 8:00 am
Secretary of State

05-02-2007 90106 041 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 764163			
1. Entity Name LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 3 ASSOCIATION, INC.			
Principal Place of Business 7185 GOLF COLONY CT. LAKE WORTH, FL 33467		Mailing Address 2994 JOG ROAD SUITE B GREENACRES, FL 33467	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2950 JOG ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State GREENACRES, FLORIDA	
Zip	Country	Zip	Country
33467		33467	
4. FEI Number 59-2555237		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERRISH, SCOT A 2994 JOG ROAD SUITE B GREENACRES, FL 33467		7. Name and Address of New Registered Agent Name EDWARD DICKER Street Address (P.O. Box Number is Not Acceptable) 1818 AUSTRALIAN AVE SOUTH City WEST PALM BEACH FL 33409	
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 <i>Edward Dicker</i> <i>Ed Dicker</i> DATE <i>5/23/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINAGRA, PHILIP 7185 GOLF COLONY CT #206 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DIVITA, LOIS 7185 GULF COUNTY CT #105 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, SUSAN 7209 GULF COUNTY CT #101 WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.			
SIGNATURE: <i>Philip Sinagra Sr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/21/07</i> 845-338-6151 <small>Daytime Phone #</small>	