


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90041 034 ****61.25

DOCUMENT # 764165

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



Principal Place of Business
**7268 GOLF COLONY CT.
 LAKE WORTH, FL 33467**

Mailing Address
**% CMC MANAGEMENT, INC.
 2994 JOG ROAD, SUITE B
 GREENACRES, FL 33467**

40102941



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
2950 JOG RD
 Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State
GREENACRES, FLORIDA

4. FEI Number
59-2379022

Applied For
 Not Applicable

City & State
GREENACRES, FLORIDA

Zip
33467

Country

5. Certificate of Status Desired **\$8.75 Additional -Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERRISH, SCOT A
 2994 JOG ROAD, SUITE B
 GREENACRES, FL 33467

Name **EDWARD DICKER**

Street Address (P.O. Box Number is Not Acceptable)
1818 AUSTRALIAN AVE South

City **West Palm Beach** FL Zip Code **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 _____ (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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASTINGS, ED 7154 GOLF COLONY CT 201 LK. WORTH, FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARILYN 7238 GOLF COLONY CT. 102 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORST, DOROTHY 7214 GOLF COLONY CT UNIT 206 LK. WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESS, ARNOLD 7166 GOLF COLONY CT 103 LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARILLI, ANTHONY 4542 LUCERNE LAKES BLVD. 203 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Philip Sinagra Sr 7185 Golf Colony Ct #206 LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frederick Garbars 4542 Lucerne Lakes Blvd LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 an address with all other like empowered.

SIGNATURE: Philip Sinagra Sr PHILIP SINAGRA 4/27/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #