

764165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

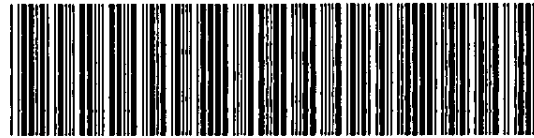
(Business Entity Name)

(Document Number)

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2017 APR 13 A 11:43

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T. LEMIEUX
APR 14 2017

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUCERNE LAKES GOLF COLONY COMMUNITY ASSOCIATIC
Name of Corporation

DOCUMENT NUMBER: 764165

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA GARCIA
Name of Contact Person

CMC MANAGEMENT
Firm/Company

2950 JOG ROAD
Address

GREENACRES, FL 33467
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA GARCIA at 561 641-1016 EXT 126
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LUCERNE LAKES GOLF COLONY COMMUNITY ASSOCIATION

2. The principal office address: 7268 GOLF COLONY CT. LAKE WORTH, FL 33467

3. The mailing address (if different): 2950 JOG ROAD. GREENACRES, FL 33467

4. Date of incorporation/qualification: 07/12/1982 Document number: 764165

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DICKER, EDWARD

1818 AUSTRALIAN AVE SOUTH SUITE 400

WEST PALM BEACH, FL 33409

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Konyk & Lemme PLLC

777 S Flagler Dr #800- West Tower

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Raph L Basore
Signature of an officer or director

Raph L Bowdridge
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

3/28/2017
Date

If signing on behalf of an entity:

Chelle Konyk, ESQ
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314