


FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90017 046 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 764865 1. Entity Name LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 5 ASSOCIATION, INC.	
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Principal Place of Business 7268 GOLF COLONY CT LAKE WORTH, FL 33467	Mailing Address 2950 JOG RD. GREENACRES, FL 33467
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40104488



DO NOT WRITE IN THIS SPACE

03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2555244	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

DICKER, EDWARD
1818 AUSTRALIAN AVE S.
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	V ROGERS, ELIZABETH 7331 GOLF COLONY CT., #33467 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRESCOTT, SCOTT 7197 GOLF COLONY CT. #103 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CEVALLOS, PORFIRIO 7197 GOLF COLONY CT. #203 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/8 (561)596-9730
Date Daytime Phone