## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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of the corporation or the received

**SIGNATURE** 

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # 764866** 1. Entity Name 05-03-2005 90088 028 \*\*\*\*61.25 LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 6 ASSOCIATION, INC. Principal Place of Business Mailing Address 7268 GOLF COLONY CT. 2994 JOG RD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2555245 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERRISH, SCOT A Street Address (P.O. Box Number is Not Acceptable) 2994 JOG ROAD SUITE B **GREENACRES FL 33467** Zip Code 8. The above named entity submits 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 register SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SVPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERGANTINI, JOHN NAME 7257 GOLF COLONY CT #102 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HASTINGS, EVELYN G NAME NAME 7281 GOLF COLONY CT STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP PD Delete ☐ Addition AMODEO, JOHN NAME 7257 GOLF CONOLY CT., #202 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tental 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 trustee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information indicated on this report or supple.

ING OFFICER OR DIRECTOR

**FILED**