## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # 764869  1. Entity Name LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 9 ASSOCIATION, INC.							187 036 ****61	.25
Principal Place of Business 7268 GOLF COLONY CT. LAKE WORTH, FL 33467	299 SUI	Mailing Address 2994 JOG ROAD SUITE B GREENACRES, FL 33467		:				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092006 Ch	ng-NP C	CR2E037 (11/05)	
City & State		City & State			4. FEI Number 59-222779	3	<u> </u>	olied For Applicable
Zip Country		Zip Co		5. Certificate of Status Desired S8.75 Ac Fee Requir		tional		
6. Name and A	ddress of Current Registe				7. Name and Add	ress of New Regi	stered Agent	
GERRISH, SCOT A				Name Street Address (P.O. Box Number is Not Acceptable)				
2994 JOG ROAD SUITE B		Street	Address (	P.O. Box Number is i	Not Acceptable)			
GREENACRES, FL 3346	7	-					Zin Code	
4.			City	<del></del>			FL Zip Code	
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.								
Sent bleaugh 4-20-196								
SIGNATURE Signature in the distribution of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Camp Trust Fund Co					\$5.00 May Be Added to Fees		e check payable to Department of St	
10. OFFICERS AND DIRECT		·	11.	<i>P</i>	ADDITIONS/CHANGE	ES TO OFFICERS	AND DIRECTORS IN	
NAME PRESS, ARNOLD		Delete	TITLE NAME				<u>∟</u> Change	☐ Addition
STREET ADDRESS 7166 GOLF COLONY CT #103 CITY-ST-ZIP LAKE WORTH, FL 33467			STREET ADDRESS CITY-ST-ZIP					
TITLE SP		☐ Delete	TITLE	r			☐€Change	Addition
NAME HASTINGS, EDWARD STREET ADDRESS 7154 GOLF COLONY CT # 201			NAME STREET ADDRESS					
CITY-ST-ZIP LAKE WORTH, FL 33467			CITY-ST-ZIP					
NAME   MCDOWELL, CHARLES		☐ Delete	TITLE NAME	T			Change	☐ Addition
STREEF ADDRESS 7154 GOLF COLONY CT # 201			STREET ADDRESS					
CHY-ST-ZIP LAKE WORTH,			CITY-ST-ZIP TITLE	5			☐ Change	Addition
NAME		NAME		JEANETTE DAPRINO 7130 GOLF COLONY CT. # 102 LAKE WORTH, FL 33467			Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	7/30	GOLF COLON	y <i>CT. F 188</i> . 32443	<b>-</b>		
TITLE		☐ Delete	TITLE		· E WVW 1 M, 12	, 43707	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the inform	nation supplied with this filir	ng does not qualify for	the exemptions	Contained	I in Chapter 119, Flor	rida Statutes. I furt	her certify that the in	formation
12. Thereby 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 his 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 the empowered.								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date								