## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90275 023 \*\*\*\*61.25

DOCUMENT # 764869	

Enlity Name
 LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 9



	ATION, INC.	ONDOWNING NO. 5		4007	VIITA		
Principal Place of Business 7268 GOLF COLONY CT. LAKE WORTH, FL 33467  GREENACRES, FL 33467  Mailing Address 2994 JOG ROAD SUITE B GREENACRES, FL 33467						1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2950 TO6 RD					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007 Ci	ng-NP CR2E037 (12/06)		
City & State		GREENACIES FLAZIDA		4. FEI Number 59-222779	3 N	pplied For ot Applicable	
Zip	Country	3346-7	Country	5. Certificate of St	Fee Require		
	6. Name and Address of Current I	Registered Agent	Name T		ress of New Registered Agent		
GERRISH, SCOT A 2994 JOG ROAD				Name EDWARD DICKER  Street Address (P.O. Box Number is Not Acceptable)			
SUITE B	CRES, FL 33467		1818	ANSTRAYAN	Ave South		
			City Wes	ST Palm Ben	elt FL Zin Coo	409	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or re	egistered agent, or both, in	the State of Florida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: R	Registered Agent signature r	required when reinstating)	DATE		
					1		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make check payable to Florida Department of S		
10.	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Cor		Added to Fees		N 10	
TITLE	OFFICERS AND DIF	Trust Fund Cor	11.	Added to Fees	Florida Department of S	State	
	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Cor	ntribution.	Added to Fees	Florida Department of S	N 10	
TITLE NAME	OFFICERS AND DIE	Trust Fund Cor	11. TITLE NAME	Added to Fees	Florida Department of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PRESS, ARNOLD 7166 GOLF COLONY CT #103 LAKE WORTH, FL 33467	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Department of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESS, ARNOLD 7166 GOLF COLONY CT #103 LAKE WORTH, FL 33467 V HASTINGS, EDWARD	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Department of S ES TO OFFICERS AND DIRECTORS IT  Change	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PRESS, ARNOLD 7166 GOLF COLONY CT #103 LAKE WORTH, FL 33467	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Department of S ES TO OFFICERS AND DIRECTORS IT  Change	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRESS, ARNOLD 7166 GOLF COLONY CT #103 LAKE WORTH, FL 33467 V HASTINGS, EDWARD 7154 GOLF COLONY CT # 201 LAKE WORTH, FL 33467 T	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Department of S ES TO OFFICERS AND DIRECTORS IN Change	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESS, ARNOLD 7166 GOLF COLONY CT #103 LAKE WORTH, FL 33467 V HASTINGS, EDWARD 7154 GOLF COLONY CT # 201 LAKE WORTH, FL 33467 T MCDOWELL, CHARLES	Trust Fund Cor	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Added to Fees	Florida Department of S ES TO OFFICERS AND DIRECTORS IN Change	N 10 Addition	
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12. I hereby certify that the information supplied with this filing does not quality 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:

G OFFICER OR DIRECTOR