

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764869

FILED
Mar 16, 2009
Secretary of State

Entity Name: LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 9 ASSOCIATION, INC.

Current Principal Place of Business:

7268 GOLF COLONY CT.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

2950 JOG ROAD
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 59-2227793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DICKER, EDWARD
1818 AUSTRALIAN AVE S
SUITE 400
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: EDWARD DICKER

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRESS, ARNOLD
Address: 7166 GOLF COLONY CT #103
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: HASTINGS, EDWARD
Address: 7154 GOLF COLONY CT # 201
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Delete
Name: MCDOWELL, CHARLES
Address: 7154 GOLF COLONY CT # 201
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: HASTINGS, EDWARD
Address: 7154 GOLF COLONY CT # 201
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Change () Addition
Name: MCDOWELL, CHARLES
Address: 7154 GOLF COLONY CT # 201
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD PRESS

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date