


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90275 021 \*\*\*\*61.25

<b>DOCUMENT # 764872</b> 1. Entity Name <b>LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 12 ASSOCIATION, INC.</b>			
Principal Place of Business <b>7268 GOLF COLONY CT. LAKE WORTH, FL 33467</b>		Mailing Address <b>2994 JOG ROAD SUITE B GREENACRES, FL 33467</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>2950 JOG RD</b> Suite, Apt. #, etc.	
City & State <b>GREENACRES, FLORIDA</b>		4. FEI Number <b>59-2515306</b>	
Zip <b>33467</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GERRISN, SCOT A 2994 JOG RD #3 GREENACRES, FL 33467</b>		7. Name and Address of New Registered Agent Name <b>EDWARD DICKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1818 AUSTRALIAN AVE SOUTH</b> City <b>WEST PALM BEACH</b> FL <b>33409</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REISFIELD, SID 4598 LUCERNE LAKES BLVD 201 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARILLA, ANTHONY 4542 LUCERIE LAKES BLVD #203 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KENT, JANET 4542 LUCERIE LAKES BLVD #104 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SONNER, BARBARA 4598 LUCERIE LAKES BLVD #106 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	