

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

764873

1. Corporation Name

Lucerne Lakes Golf Colony #14 Condominium Assoc. Inc

Principal Place of Business

Mailing Address

7268 Golf Colony Court
Lake Worth, FL 33467

000002276670--3
-08/25/97--01163--010
****848.75 ****848.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33467

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-12-82

5. FEI Number

59-2227804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD.	Delphine Jakubowski	4654 Lucerne Lakes Blvd. 205	Lake Worth FL 33467
VPD	Gilbert Pirosseno	4682 Lucerne Lakes Blvd. 104	Lake Worth, FL 33467
STD	Ann Bellarosa	4626 Lucerne Lakes Blvd. 203	Lake Worth, FL 33467

REINSTATEMENT

89-97

8/21/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

R.H. Gerrish c/o CMC Management Inc.

Street Address (P.O. Box Number is Not Acceptable)

2994 Jog Road

Suite, Apt. #, Etc.

Suite B

City

Greenacres

State

FL

Zip Code

33467

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Antoinette L. Bellarosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/97 (801) 641-1012