

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90151 018 ****61.25

DOCUMENT # 764873

1. Corporation Name

LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 14 ASS
OCIATION, INC.

Principal Place of Business

7268 GOLF COLONY COURT
LAKE WORTH FL 33467

Mailing Address

2994 JOG ROAD
SUITE B
GREENACRES FL 33467



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/23/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2227804

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R.H. GERRISH C/O CMC MANAGEMENT
2994 JOG ROAD
SUITE B
GREENACRES FL 33467

81 Name Scot A. Gerrish

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

2994 Jog Rd #B

83 City Greenacres

FL

85 Zip Code 33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Scot A. Gerrish

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☐ DELETE

NAME JAKUBOWSKI, DEPHINE
STREET ADDRESS 4654 LUCERNE LAKE BLVD. 205
CITY-ST-ZIP LAKEWORTH FL 33467

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

~~Vice President~~
Jakubowski, Dephine
4654 Lucerne Lake Blvd unit 205
Lake Worth FL 33467

TITLE ~~VPD~~ ☒ DELETE

NAME ~~PIROSSENO, GILBERT~~
STREET ADDRESS 4682 LUCERNE LAKES BLVD. 104
CITY-ST-ZIP LAKE WORTH FL 33467

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

~~President~~
Franklin Murphy
4654 Lucerne Lakes Blvd unit 201
Lake Worth FL 33467

TITLE ~~STD~~ ☐ DELETE

NAME BELLAROSA, ANN
STREET ADDRESS 4623 LUCERNE LAKES BLVD. 203
CITY-ST-ZIP LAKE WORTH FL 33467

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antoinette L. Bellarosa Sec.

Date

Daytime Phone #

CR2E037 (11/98)