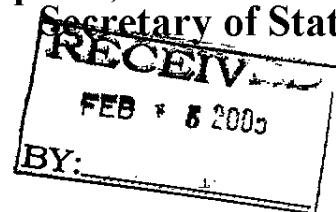


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM

Secretary of State



1st MOORE

CR2E037 (10/04)

4. FEI Number **59-2227804**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # 764873
1. Entity Name
LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 14 ASSOCIATION, INC.



Principal Place of Business
**7268 GOLF COLONY COURT
LAKE WORTH FL 33467
US**

Mailing Address
**2994 JOG ROAD
SUITE B
GREENACRES FL 33467
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**GERRISH, SCOT A
2994 JOG ROAD
SUITE B
GREENACRES FL 33467**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 *Scot A. Gerrish* DATE *April 27, 2005*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

PD FILIPPELLI, THOMAS 4682 LUCERNE LAKES BLVD #206 LAKE WORTH FL 33467

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

VPD SOUSA, JEANNETTE 4626 LUCERNE LAKES BLVD #101 LAKE WORTH FL 33467

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

STD DWORSKY, CLARA 4626 LUCERNE LAKES BLVD #103 LAKE WORTH FL 33467

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

12. 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 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: *Thomas J. Filippelli* DATE: *04/26/05* (561) 641-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR