


FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90443 045 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------|
| 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 - No P.O. Box # | | 3. Mailing Address 2950 JOG RD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State GREENACRES, FLORIDA | |
| Zip | Country | Zip | Country |
| 33467 | | 33467 | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GERRISH, SCOT A 2994 JOG ROAD SUITE B GREENACRES, FL 33467 | | Name EDWARD PICKER | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 1818 AUSTRALIAN AVE SOUTH | |
| | | City West Palm Beach FL Zip Code 33409 | |
| 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 <i>Edward Picker</i> | | SIGNATURE <i>Edw Picker</i> DATE 5/23/07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PD | TITLE | P |
| NAME | FILIPPELLI, THOMAS | NAME | JOHN BRACKLEY |
| STREET ADDRESS | 4682 LUCERNE LAKES BLVD #206 | STREET ADDRESS | 4626 LUCERNE LAKES BLVD #104 |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | LAKE WORTH, FL 33467 |
| TITLE | VPD | TITLE | VP |
| NAME | SOUSA, JEANNETTE | NAME | GRACE DELUCA |
| STREET ADDRESS | 4626 LUCERNE LAKES BLVD #101 | STREET ADDRESS | 4626 LUCERNE LAKES BLVD #102 |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | LAKE WORTH, FL 33467 |
| TITLE | STD | TITLE | D |
| NAME | DWORSKY, CLARA | NAME | GILBERT V. PIROSSEN |
| STREET ADDRESS | 4626 LUCERNE LAKES BLVD #103 | STREET ADDRESS | 4626 LUCERNE LAKES BLVD #104 |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | LAKE WORTH, FL 33467 |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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. | | | |
| SIGNATURE: <i>Grace DeLuca</i> | | Date | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |