## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2008 8:00 am Secretary of State

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DOCUMENT # 764873  1. Entity Name LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 14 ASSOCIATION, INC.								02-25-2008	90053 006	6 ****6	1.25
Principal Place of Business 7268 GOLF COLONY COURT LAKE WORTH, FL 33467 US			Mailing Address 2950 JOG RD. GREENACRES, FL 33467 US			S					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082008	Chg-NP	CR2E037	(12/06)	
City & State			City & State				4. FEI Number				
Zip		Country	Zip		Cou 	untry	5. Certificate of	Status Desired		3.75 Addi e Required	
	6. Name	and Address of Current R	egisterec	Agent		[	7. Name and A	ddress of New F	Registered Age	ent	
PICKER, EDWARD						Name Street Address	(P.O. Box Number				
1818 AUSTRALIAN AVE S. WEST PALM BEACH, FL 33409						- Sirect Address					
						City			FL	Zip Code	
	named entity ions of registe	submits this statement for tered agent.	the purpo	se of changing its	registere	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am fam	niliar with, a	and accept
SIGNATURE .	Slagetire hand	or printed name of registered agent an	d litto it appli	cable /NOTE	Danielara	d Agent signature requir	and when reinstaling)		DATE		
	Signature, typeo	or printed name or registered agent an	а ше и арри	CBDIO. (NOTE	. перыне	n vôau signature reduir	o when remarating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008											
	_			9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees		lake check p ida Departm	•	
10	_	lay 1, 2008	CTORS		ontribut	ion.	Added to Fees	Floi	ida Departm	ent of St	ate
10.	Due by M		ECTORS	Trust Fund C	ontribut	ion.		Floi	RS AND DIREC	CTORS IN	10
TITLE	Due by M	OFFICERS AND DIRE	ECTORS		11.	ion.   E	Added to Fees	Floi	RS AND DIREC	ent of St	ate
TITLE NAME	P BRACKLE	OFFICERS AND DIRE Y, JOHN		Trust Fund C	11. TITLE	E E	Added to Fees	Floi	RS AND DIREC	CTORS IN	10
TITLE	P BRACKLE 4626 LUCI	OFFICERS AND DIRE		Trust Fund C	11. TITLE NAM STRE	ion.   E	Added to Fees	Floi	RS AND DIREC	CTORS IN	10
TITLE NAME STREET ADDRESS	P BRACKLE 4626 LUCI	OFFICERS AND DIRE Y, JOHN ERNE LAKES BLVD #10		Trust Fund C	11. TITLE NAM STRE	E E E E ADDRESSST-ZIP	Added to Fees	Floi	rida Departm RS AND DIREC	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACKLE 4626 LUCI LAKE WO	OFFICERS AND DIRE Y, JOHN ERNE LAKES BLVD #10 RTH, FL 33467		Trust Fund C	11. TIFLE NAM STRE	E E E E E E E E E E E E E E E E E E E	Added to Fees	Floi	rida Departm RS AND DIREC	CTORS IN Change	10 Addition
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-08

Daytime Phone #