

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State

05-05-2003 91406 002 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2227804**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PO** ☒ Delete
NAME **MURPHY, FRANKLIN**
STREET ADDRESS **4654 LUCERNE LAKES BLVD., UNIT 201**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **STD** ☒ Delete
NAME **DELUCA, GRACE**
STREET ADDRESS **4623 LUCERNE LAKES BLVD #102**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **DVP** ☒ Delete
NAME **FILLAPPEUGI, THOMAS**
STREET ADDRESS **4682 LUCERNE LAKES BLVD**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Change ☒ Addition
NAME **Filippe Li, Thomas**
STREET ADDRESS **4682 Lucerne Lakes Blvd, #206**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **VP/D** ☐ Change ☒ Addition
NAME **Deluca, Grace**
STREET ADDRESS **4626 Lucerne Lakes Blvd #102**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **Sworsky, Clara**
STREET ADDRESS **4626 Lucerne Lakes Blvd #103**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)