

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M02917

1. Corporation Name

LUCERNE FLORIDA DEVELOPMENT CORP.

Principal Place of Business

1225 EYE ST NW, STE 200
WASHINGTON DC 20005
US

Mailing Address

1225 EYE ST NW, STE 200
WASHINGTON DC 20005
US

2. Principal Place of Business

21 1873 S Bellaire St

Suite, Apt. #, etc.

22 Suite 1700

City & State

23 Denver, CO

Zip Country

24 80222 25 US

2a. Mailing Address

26 1873 S Bellaire St

Suite, Apt. #, etc.

27 Suite 1700

City & State

28 Denver, CO

Zip Country

29 80222 30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required for this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** [] DELETE

NAME **TERRY CONSIDINE**
STREET ADDRESS **1873 SOUTH BELLAIRE ST., 17TH FLOOR**
CITY-ST-ZIP **DENVER CO 80222**

TITLE **VP** [] DELETE

NAME **THOMAS W TOOMEY**
STREET ADDRESS **1873 SOUTH BELLAIRE ST., 17TH FLOOR**
CITY-ST-ZIP **DENVER CO 80222**

TITLE **VP** [] DELETE

NAME **STEVEN D IRA**
STREET ADDRESS **1873 SOUTH BELLAIRE ST., 17TH FLOOR**
CITY-ST-ZIP **DENVER CO 80222**

TITLE **VP** [] DELETE

NAME **DAVID L WILLIAMS**
STREET ADDRESS **1873 SOUTH BELLAIRE ST., 17TH FLOOR**
CITY-ST-ZIP **DENVER CO 80222**

TITLE **VP** [] DELETE

NAME **TROY D BUTTS**
STREET ADDRESS **1873 SOUTH BELLAIRE ST., 17TH FLOOR**
CITY-ST-ZIP **DENVER CO 80222**

TITLE **VP** [] DELETE

NAME **CARLA STONER**
STREET ADDRESS **1873 SOUTH BELLAIRE ST., 17TH FLOOR**
CITY-ST-ZIP **DENVER CO 80222**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **S** [] Change **XX** Addition

12 NAME **Joel F. Bonder**
13 STREET ADDRESS **1873 S Bellaire St, Ste 1700**
14 CITY-ST-ZIP **Denver, CO 80222**

21 TITLE [] Change [] Addition

22 NAME **600002859546**

23 STREET ADDRESS

24 CITY-ST-ZIP [] Change [] Addition

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP [] Change [] Addition

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP [] Change [] Addition

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP [] Change [] Addition

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 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 607, 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 **Joel F. Bonder, Secretary**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-99

(303)757-8101

Digitally signed by Joel F. Bonder

FILED
99 APR 30 AM 8:19
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1984

4. F.I.I. Number

52-1368144

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution []

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax [] Yes **X** No

10. Name and Address of New Registered Agent

CR2E034 (1/198)