## 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 # P98000019776

1. Corporation Name

LUCERNE GOLF MANAGEMENT, INC.

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90082 003 \*\*\*150.00



Principal Place	of Business		Maiting Address								
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1111 LINCOLN			1111 LINCOLN ROAD STE 870 MIAMI BEACH FL 33139			}	•				
MIAMI BEACH FL 33139			MIMMI DENOTI PE 33139				1	DO NOT WRITE IN THIS SPACE			
							3.	Date Incorporated or C	Qualifed		_
							į	03/02/1998			ļ
2 Principal Pl	lace of Rusin	1966	2a. Mailing Address				- 4.	FEI Number		A	pplied For
2. Principal Place of Business			26					65-0816	477		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.								Additional
<del></del>							5.	<ul> <li>Certificate of Status De</li> </ul>	sired 🗌	•	lequired
City & State			City & State					Flaction Compaign Fig	oneing		May Be
City & State			<u> </u>			"	Election Campaign Fir	-			
Zip Country			Zip Country			<del>-                                    </del>	Trust Fund Contribution Added to Fees				
<b></b> _ `	'						0.	8. This corporation owes the current year Intangible Personal Property Tax. XYes  \text{No}			
24		25	29	30	-	-	10	Personal Property Tax  Name and Address of		<del></del>	
	9. Name	and Address of Current	Registered Agent		81	Name		. Italile alla Address (	i item itegistered	- Agoint	
BOD	nstein, s	TEVEN I			"	Ivalle					
		ROAD #101				Street	Address (I	P.O. Box Number is Not	Acceptable)		
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COO	PER CITY	FL 33024			83						
					84	City			<del></del>	85 Zip	Code
						,		,	FL	<b>-</b>	
11. Pursuant t	to the provis	ions of Sections 607.0502	and 607.1508, Florida	Statutes, th	he above	e-named	corporatio	on submits this statemen	t for the purpose o	changing it	s registered
l office or re	egistered ag	ent, or both, in the State of ith, and accept the obligation	f Florida. Such change	was author	rized by	tne corp	oration's b	oard of directors. I here	by accept the appo	intment as r	egisterea
ı agent. i ar	m jamiliar wi	ım, and accept the obligation	ons or, section our lost	io, rivilua i	Organico.			i .			
_						-		•			
SIGNATURE	Clanature tuned	or printed name of registered agent	and title if andicable	(NOTE: Regis	istered Agen		required when	reinstating)	DATE		
	Signature, typed	or printed name of registered agent a			istered Agen		required when	reinstating) ADDITIONS/CHANGES		ND DIRECT	ORS IN 12
12.		or printed name of registered agent	DIRECTORS		13.					ND DIRECT	
12.	PD	OFFICERS AND		TE	13. 1.1 TITLE						
12. TITLE NAME	PD HART, CI	OFFICERS AND	DIRECTORS	ETE	13. 1.1 TITLE 1.2 NAME	nt signature					
12. TITLE NAME STREET ADDRESS	PD HART, CI 1111 LIN	OFFICERS AND HARLES D COLN ROAD STE 870	DIRECTORS	ETE .	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature					
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CITY-ST-ZIP 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 off an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

R OR DIRECTOR

Daytime Phone #