

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730805 (9)
1. Corporation Name
LYNDHURST "G" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: LYNDHURST "G" #152 DEERFIELD BEACH FL 33442
Mailing Address: LYNDHURST "G" #152 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 09/27/1974
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1896805
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**CONDOMINIUM ORGANIZATION OF CEN. VILL E.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.
TITLE	PD ROSEN, JACK <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	LYNDHURST G 153	1.2 NAME
STREET ADDRESS	DEERFIELD BEACH FL	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	KRASNOW, MILDRED	2.2 NAME
STREET ADDRESS	LYNDHURST G 152	2.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE
NAME	MINNIE, ASPES	3.2 NAME
STREET ADDRESS	LYNDHURST G 156	3.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP
TITLE	D MANDLE MORRIS <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	LYNDHURST G 144	4.2 NAME
STREET ADDRESS	DEERFIELD BEACH FL	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	D HAUPTMAN, EDITH <input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	LYNDHURST G 137	5.2 NAME
STREET ADDRESS	DEERFIELD BEACH FL	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	D FERENEK, ALEX <input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	LYNDHURST 157	6.2 NAME
STREET ADDRESS	DEERFIELD BEACH FL	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD HALPERT, AUSTY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LYNDHURST G 146
1.3 STREET ADDRESS	DEERFIELD BCH., FL.
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	400001797844
3.1 TITLE	04/29/96 01024 001 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***15128.75
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SEGIUN, GERALD
4.3 STREET ADDRESS	LYNDHURST G 150
4.4 CITY-ST-ZIP	DEERFIELD BCH., FL.
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CITRON, SHIRLEY
5.3 STREET ADDRESS	LYNDHURST G 159
5.4 CITY-ST-ZIP	DEERFIELD BCH., FL.
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BUCHIN, BEANIE
6.3 STREET ADDRESS	LYNDHURST G 151
6.4 CITY-ST-ZIP	DEERFIELD BCH., FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: Feb 9 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Austy Halpert - Pres. Daytime Phone #: (954) 426-0057

CR2E037 (12/95)