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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/27/1974	
4. FEI Number 59-1896805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALPERT, RUSTY	
STREET ADDRESS	LYNDHURST G 146	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRASNOW, MILDRED	
STREET ADDRESS	LYNDHURST G 152	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MINNIE, ASPES	
STREET ADDRESS	LYNDHURST G 158	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEGIUN, GERALD	
STREET ADDRESS	LYNDHURST G 150	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DELLINGER, BILL	
STREET ADDRESS	410 S. POWERLINE ROAD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD BUCHIN, BERNARD
3.3 STREET ADDRESS	LYNDHURST G 151
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL, 33442
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TS 10000247483
5.3 STREET ADDRESS	-04/01/98--01022--010
5.4 CITY-ST-ZIP	***15006.25
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D OXMAN, JERRY
6.3 STREET ADDRESS	LYNDHURST G 147
6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL, 33442

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **HALPERT 1/21/98 (954) 426-0057**

CF2E037 (10/97)