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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731300 (0)

1. Corporation Name
LYNDHURST 'C' CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business % ROSE SIEGEL LYNHURST 'C' - 69/CVE DEERFIELD BEACH FL 33442	Mailing Address % ROSE SIEGEL LYNHURST 'C' - 69/CVE DEERFIELD BEACH FL 33442
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1895678	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

3. Date Incorporated or Qualified 12/03/1974	3a. Date of Last Report 04/27/1996
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
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 FL	Zip Code
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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	SIEGEL, ROSE	
STREET ADDRESS	LYNDHURST C 60	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, MOLLIE	
STREET ADDRESS	LYNDHURST C 65	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	FS	<input type="checkbox"/> DELETE
NAME	JARMARK, RHODA	
STREET ADDRESS	LYNDHURST C 70	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	RD SIEGEL RUTH	<input type="checkbox"/> DELETE
NAME	LYNDHURST C 53	
STREET ADDRESS	DEERFIELD BCH FL	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COWAN, MILDRED	
STREET ADDRESS	LYNDHURST C 58	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D HELEN ALTERMAN	<input type="checkbox"/> DELETE
NAME	LYNDHURST C 60	
STREET ADDRESS	DEERFIELD Bch, FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	30000215998-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-04/29/97--01109--001	
1.3 STREET ADDRESS	**15190.00 ****\$61.25	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	FLORENCE SELDIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	55 LYNDHURST C	
4.3 STREET ADDRESS	DEERFIELD Bch, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____ DATE: 1/15/97 DAYTIME PHONE: 904 427 3451

CR2E037 (9/96)