

FILE NOW: FILING FEE IS \$61.25

FILED
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
---	---	---

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
--	--

3. Date Incorporated or Qualified 12/03/1974	
4. FEI Number 59-1895678	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 checked="" type="checkbox"/> No	

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

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. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 69	
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	S	<input checked="" type="checkbox"/> DELETE
NAME	JARMARK, RHODA	
STREET ADDRESS	LYNDHURST C 70	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEGEL, RUTH	
STREET ADDRESS	LYNDHURST C 63	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SELDIN, FLORENCE	
STREET ADDRESS	55 LYNDHURST C	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALTERMAN, DAVID	
STREET ADDRESS	LYNDHURST C 60	
CITY-ST-ZIP	DEERFIELD BCH FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S NATHAN SELDIN
3.3 STREET ADDRESS	55 LYNDHURST C
3.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002474838
4.3 STREET ADDRESS	-04/01/98--01022--010
4.4 CITY-ST-ZIP	***15006.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROSE SIEGEL
5.3 STREET ADDRESS	69 LYNDHURST C
5.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D BERNARD COWAN
6.3 STREET ADDRESS	58 LYNDHURST C
6.4 CITY-ST-ZIP	D.B. 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: **ROSE SIEGEL** *ROSE SIEGEL* **1/6/98** **954 427 3451**

CR2E037 (10/97)