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**APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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32760.00 *130.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 731301 (8)

1. Corporation Name
LYNDHURST "D" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O HELBIG
LYNDHURST D 85
DEERFIELD BEACH FL 33442

C/O HELBIG
LYNDHURST D 85
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 12/03/1974 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1916387 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CONDO OWNERS ORGANIZATION CENTURY VILLAGE
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 FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLOMEN, PHILIP
STREET ADDRESS	LYNDHURST D-81
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	VD
NAME	MARCHESE, CHARLES
STREET ADDRESS	LYNDHURST D-77
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	S
NAME	HELBIG, JOAN
STREET ADDRESS	LYNDHURST D-85
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	PD
NAME	HELBIG, JOAN
STREET ADDRESS	LYNDHURST D-85
CITY ST ZIP	DEERFIELD BCH. FL
TITLE	D
NAME	WEEDEEN, RUTH
STREET ADDRESS	LYNDHURST D90
CITY ST ZIP	DEERFIELD BCH. FL
TITLE	T
NAME	SCHUSTER, KATIE
STREET ADDRESS	LYNDHURST D-91
CITY ST ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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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 110.07(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: Joan Helbig Feb 1, 1995 305-429-9522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOAN HELBIG = President