

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731301** (8)  
1. Corporation Name  
**LYNDHURST "D" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O HELBIG LYNDHURST D 85 DEERFIELD BEACH FL 33441</b>		Mailing Address <b>C/O HELBIG LYNDHURST D 85 DEERFIELD BEACH FL 33441</b>		3. Date Incorporated or Qualified <b>12/03/1974</b>	
				4. FEI Number <b>59-1916387</b>	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business <b>21 C/o Brofsky Suite, Apt. #, etc. LYNDHURST D-89 City &amp; State DEERFIELD BEACH FL Zip 33442</b>		2a. Mailing Address <b>26 C/o Brofsky Suite, Apt. #, etc. LYNDHURST D-89 City &amp; State DEERFIELD BEACH FL Zip 33442</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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	
9. Name and Address of Current Registered Agent <b>CONDO OWNERS ORGANIZATION CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOMEN, PHILIP</b>	1.2 NAME	<b>SAM BROFSKY</b>
STREET ADDRESS	<b>LYNDHURST D-81</b>	1.3 STREET ADDRESS	<b>LYNDHURST D 76</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL. 33442</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCHESE, CHARLES</b>	2.2 NAME	<b>ELAINE FELD</b>
STREET ADDRESS	<b>LYNDHURST D-77</b>	2.3 STREET ADDRESS	<b>LYNDHURST D-89</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL. 33442</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERTZ, SUE</b>	3.2 NAME	<b>DIANE WAGMAN</b>
STREET ADDRESS	<b>LYNDHURST D-79</b>	3.3 STREET ADDRESS	<b>LYNDHURST D-75</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL. 33442</b>
TITLE	<b>PTD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VICTOR SCHMER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELBIG, JOAN</b>	4.2 NAME	<b>LYNDHURST D-90</b>
STREET ADDRESS	<b>LYNDHURST D-85</b>	4.3 STREET ADDRESS	<b>DEERFIELD BEACH, FL. 33442</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	4.4 CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>DEWIE DERRIEN</b>
NAME	<b>WEDEEN, RUTH</b>	5.2 NAME	<b>LYNDHURST D-84</b>
STREET ADDRESS	<b>LYNDHURST D-88</b>	5.3 STREET ADDRESS	<b>DEERFIELD BEACH FL. 33442</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	5.4 CITY-ST-ZIP	<b>600002474838</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>-04/01/98--01022--010</b>
NAME	<b>SCHUSTER, KATIE</b>	6.2 NAME	<b>***15006.25</b>
STREET ADDRESS	<b>LYNDHURST D-91</b>	6.3 STREET ADDRESS	<b>PE</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	6.4 CITY-ST-ZIP	<b>3.31</b>

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: **SAM BROFSKY** 1/25/98 1/954 570 86

CR2E037 (10/97)