

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

04-14-2001 90045 001 15,067.50

DOCUMENT # 731301

1. Entity Name

LYNDHURST "D" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

SUSAN FINKELSTEIN
C/O BROFSKY
LYNDHURST D-79
DEERFIELD BEACH FL 33442

Mailing Address

SUSAN FINKELSTEIN
C/O BROFSKY
LYNDHURST D-79
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1916387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONDO OWNERS ORGANIZATION CENTURY VILLAGE
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	NAME	BROFSKY, SAM	STREET ADDRESS	LYNDHURST D-76	CITY-ST-ZIP	DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE	VD	NAME	MARCHESE, CHARLES	STREET ADDRESS	LYNDHURST D-77	CITY-ST-ZIP	DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE	D	NAME	SCHUSTER, KATIE	STREET ADDRESS	LYNDHURST D-86	CITY-ST-ZIP	DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE	SD	NAME	DERRIER, DENISE	STREET ADDRESS	LYNDHURST D-89	CITY-ST-ZIP	DEERFIELD BCH. FL 33442	<input type="checkbox"/> Delete
TITLE	TD	NAME	WAGMAN, DIANE	STREET ADDRESS	LYNDHURST D-75	CITY-ST-ZIP	DEERFIELD BCH. FL 33442	<input type="checkbox"/> Delete
TITLE	D	NAME	SERMER, VICTOR	STREET ADDRESS	LYNDHURST D-90	CITY-ST-ZIP	DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	FINKELSTEIN, SUSAN	STREET ADDRESS	LYNDHURST D-79	CITY-ST-ZIP	DEERFIELD BCH FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	NAME	SAELOS, ELAINE	STREET ADDRESS	LYNDHURST D-89	CITY-ST-ZIP	DEERFIELD BCH FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DM	NAME	MARCHITTI, AGNES	STREET ADDRESS	LYNDHURST D-85	CITY-ST-ZIP	DEERFIELD BCH FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSAN FINKELSTEIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN FINKELSTEIN
 Date

954-425-0079
 Daytime Phone

CR2E037 (10/00)