

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731301

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** LYNDHURST "D" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

82 LYNDHURST D  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

EAST COAST MAINTENANCE  
414 S POWERLINE ROAD  
DEERFIELD BEACH, FL 33442 US

**Current Mailing Address:**

2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33442 US

**New Mailing Address:**

EAST COAST MAINTENANCE  
414 S POWERLINE ROAD  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 59-1916387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIEL, SUZANNE  
82 LYNDHURST D  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

EAST COAST MAINTENANCE  
414 S POWERLINE ROAD  
DEERFIELD BEACH, FL 33442 US

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: JESSICA

04/12/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MALKIN, ANTHONY  
Address: 78 LYNDHURST D  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D  
Name: MARGITTAI, PAUL  
Address: 85 LYNDHURST D  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: P  
Name: RIEL, SUZANNE  
Address: 82 LYNDHURST D  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S  
Name: FELD, ELAINE  
Address: 89 LYNDHURST D  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D  
Name: LECLAIR, GUY  
Address: 84 LYNDHURST D  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE RIEL

P

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date