


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-18-2003 90478 001 14,700.00

FILED 731301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731301					
1. Entity Name LYNDHURST "D" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E, INC. ■ COOCVE ■					
2. Principal Place of Business		3. 3501 West Drive Deerfield Bch., FL 33442-2085			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1916387	
Zip		Country		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDO OWNERS ORGANIZATION CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALKIN, SUSAN		NAME		
STREET ADDRESS	LYNDHURST D-79		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELD, ELAINE		NAME		
STREET ADDRESS	LYNDHURST D-89		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERMER, VICTOR		NAME		
STREET ADDRESS	LYNDHURST D 80		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	SDV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DERRIER, DENISE		NAME		
STREET ADDRESS	LYNDHURST D-89		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL 33442		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGITAI, PAUL		NAME		
STREET ADDRESS	LYNDHURST D 85		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Elaine Feld</i>		SECRETARY		954-427	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TREASURER		7054	

CR2037 (10/02)