

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PM 5: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500001474735  
-05/04/95--01001--001  
\*\*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 # 731350 (5)  
1. Corporation Name  
LYNDHURST "K" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
LYNDHURST K-3048 DEERFIELD BEACH FL 33442  
LYNDHURST K-3048 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 11/26/1974  
3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1887308  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip City Zip City

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | STRAUSS, AL         |
| STREET ADDRESS | LYNDHURST "K" #3045 |
| CITY, ST, ZIP  | D. BCH FL           |
| TITLE          | D                   |
| NAME           | LAPIDUS, IRVING     |
| STREET ADDRESS | LYNDHURST K-2050    |
| CITY, ST, ZIP  | DEERFIELD BCH FL    |
| TITLE          | DT                  |
| NAME           | SOBEL, DAVID        |
| STREET ADDRESS | LYNDHURST K-3048    |
| CITY, ST, ZIP  | DEERFIELD BCH FL    |
| TITLE          | DS                  |
| NAME           | RAPOPORT, PAULINE   |
| STREET ADDRESS | LYNDHURST K-3049    |
| CITY, ST, ZIP  | DEERFIELD BEACH FL  |
| TITLE          | D                   |
| NAME           | OSTASEK, JAMES      |
| STREET ADDRESS | LYNDHURST K-1054    |
| CITY, ST, ZIP  | DEERFIELD BEACH FL  |
| TITLE          | DV                  |
| NAME           | AUERBACH, ANNE      |
| STREET ADDRESS | LYNDHURST K-1050    |
| 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  |   |

DP 5/11

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: A David Sobel 2/8/95 205-436-0657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name #)