

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **731350** (5)
1. Corporation Name

LYNDHURST "K" CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **11/26/1974**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-1887308**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

City & State: **27**

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

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 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		DELETED
TITLE	P	<input type="checkbox"/>
NAME	STRAUSS, AL	
STREET ADDRESS	LYNDHURST "K" #3045	
CITY-ST-ZIP	D. BCH FL	
TITLE	D	<input type="checkbox"/>
NAME	LAPIDUS, IRVING	
STREET ADDRESS	LYNDHURST K-2050	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DT	<input type="checkbox"/>
NAME	SOBEL, A. DAVID	
STREET ADDRESS	LYNDHURST K-3048	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DS	<input type="checkbox"/>
NAME	RAPOPORT, PAULINE	
STREET ADDRESS	LYNDHURST K-3049	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	OSTASEK, JAMES	
STREET ADDRESS	LYNDHURST K-1054	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DV	<input type="checkbox"/>
NAME	AUERBACH, ANNE	
STREET ADDRESS	LYNDHURST K-1050	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996		Change	Addition
1.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	EDWARD LITKE		
1.3 STREET ADDRESS	LYNDHURST K-1047, D BCH FL		
1.4 CITY-ST-ZIP			
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	HATTEM, SOL		
2.3 STREET ADDRESS	LYNDHURST K-3052		
2.4 CITY-ST-ZIP	D BCH FL		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

900001797839
04/29/96-01024-00
*****15128.75**

DEB
4-27-96

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 119.07(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** *A David Sobel* **1/17/96** **24-476-0657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)