2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 731350

1. Entity Name
LYNDHURST "K" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CONDOMIMIUM OWNERS ORG. OF CENT. VILLAGE E	CONDOMIMIUM OWNERS ORG. OF CENT. VILLAGE E
3501 WEST DRIVE	3501 WEST DRIVE
DEERFIELD BEACH, FL 33442	DEERFIELD BEACH, FL 33442

66019037

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1887308
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF
CENTURY VILLAGE EAST
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. 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

Filing Fee is $61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	$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: DP NAME: AXELROD, BARNETT STREET ADDRESS: 1044 LYNN HURST K CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	☐ Delete	TITLE: VP NAME: STREET ADDRESS: CITY-ST-ZIP:	GERRY Gold Farb Lyndhurst K D.B. FL. 33442 ☐ Change ☑ Addition
TITLE: DV NAME: GRABOIS, RUNIN STREET ADDRESS: 4050 LYNGHASWST K CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	☒ Delete	TITLE: P NAME: STREET ADDRESS: CITY-ST-ZIP:	LORETTA Benoit 1043 Lyndhurst K D.B. Fl 33442 ☐ Change ☑ Addition
TITLE: DS NAME: GERSTEIN, PEAR STREET ADDRESS: 1051 LYNDHURST K CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DT NAME: BEIL, MURIEL STREET ADDRESS: 2056 LYNDHDURST K CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: SOBEL, DAVID STREET ADDRESS: LYNDHDURST K 3048 CITY-ST-ZIP: DEERFIELD BEACH, FL	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: OPROMOLLA, LEE STREET ADDRESS: 2053 LYNDHURST K CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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: _Barnett Axelrod_ BARNETT AXELROD 4/4/05 (954) 426-2141

Signature and typed or printed name of signing officer or director Date Daytime Phone #