FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732487** **(4)**

1. Corporation Name

LYNDHURST "N" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CENTURY VILLAGE E LYNDHURST N 1069 DEERFIELD BEACH FL 33442	CENTURY VILLAGE E LYNDHURST N 1069 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1886610 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
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 if applicable. NOTE: Registered Agent signature required when restating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	D ☒ Change ☐ Addition
NAME	STUTMAN,MURRAY	12 NAME	Ballan, Dorothy
STREET ADDRESS	LYNDHURST N.1069	13 STREET ADDRESS	Lyndhurst N - 1064
CITY-ST-ZIP	DEERFIELD, FL 00000	14 CITY-ST-ZIP	Deerfield Bch, FL. 33442
TITLE	DV	21 TITLE	D ☒ Change ☐ Addition
NAME	ARNSWALDER, ESTHER	22 NAME	Colten, Geraldine
STREET ADDRESS	LYNDHURST N 3062	23 STREET ADDRESS	Lyndhurst N 3069
CITY-ST-ZIP	DEERFIELD, FL 00000	24 CITY-ST-ZIP	Deerfield Bch, FL. 33442
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	DOCTORIN,IRVING	32 NAME	
STREET ADDRESS	LYNDHURST N 3061	33 STREET ADDRESS	000001474730
CITY-ST-ZIP	DEERFIELD, FL 00000	34 CITY-ST-ZIP	-05/04/95--01001--001
TITLE	DP	41 TITLE	**32760.00 ☐ Change ☐ Addition
NAME	BACLAR, ALBERT	42 NAME	
STREET ADDRESS	LYNDHURST N 2063	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WATMAN, NATHAN	52 NAME	
STREET ADDRESS	LYNDHURST N 2060	53 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, SAMUEL	62 NAME	
STREET ADDRESS	LYNDHURST N 2069	63 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL	64 CITY-ST-ZIP	

$PM 5/1

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)(i), 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: Albert Baclar — Albert Baclar — (305)426-0219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012313