

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732487** (4)
1. Corporation Name
LYNDHURST "N" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business CENTURY VILLAGE E LYNDHURST N 1069 DEERFIELD BEACH FL 33442	Mailing Address CENTURY VILLAGE E LYNDHURST N 1069 DEERFIELD BEACH FL 33442-2274
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 04/17/1975		3a. Date of Last Report 04/27/1996	
		2a. Mailing Address CENTURY VILLAGE E		4. FEI Number 59-1886610		Applied For ☐ Not Applicable	
		27 LYNDHURST N 2063		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		28 DEERFIELD BEACH FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		29 33442		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 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 85 Zip Code FL			
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALLAN, DOROTHY LYNDHURST N 1064 DEERFIELD BEACH FL 33442	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	600002159948-10 -04/29/97--01103--001 **15190.00 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLTEN, GERALDINE LYNDHURST N 3089 DEERFIELD BEACH FL 33442	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DOCTORIN, IRVING LYNDHURST N 3081 DEERFIELD, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☒ Addition FOSTER, LOUIS LYNDHURST N 3079 DEERFIELD FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BACLAR, ALBERT LYNDHURST N 2063 DEERFIELD, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATMAN, NATHAN LYNDHURST N 2060 DEERFIELD, FL 00000	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition 5/14/25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODMAN, SAMUEL LYNDHURST N 2089 DEERFIELD FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☒ Addition BELLE, RHODA LYNDHURST N 3068 DEERFIELD FL 33442

14. I do 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 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 it changed or on an attachment with an address.

SIGNATURE: **Albert Bacelar** SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Feb 3 1997 954-426-0219
Daytime Phone # 0042646

CR2E037 (9/96)