

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

**DOCUMENT # 735213**

1. Entry Name

**LYNDHURST "L" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O ROSALIE ZIMRING  
 LYNDHURST L 172  
 DEERFIELD BEACH FL 33442

C/O ROSALIE ZIMRING  
 LYNDHURST L 172  
 DEERFIELD BEACH FL 33442-2238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1914541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZIMRING, BEN	
STREET ADDRESS	LYNDHURST L-172	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILEUSKI, JANINA	
STREET ADDRESS	LYNDHURST L 178	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MINTZ, FRIEDA	
STREET ADDRESS	180 LYNDHURST L	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIRCHUCK, PEARL	
STREET ADDRESS	LYNDHURST L 189	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, DOROTHY	
STREET ADDRESS	LYNDHURST L 170	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELLINGER, BILL	
STREET ADDRESS	410 S POWERLINE RD	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READON, DOROTHY	
STREET ADDRESS	LYNDHURST L 164	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZABITSKY, ISSIE	
STREET ADDRESS	LYNDHURST L 183	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of the like empowered.

SIGNATURE: *Dorothy Banks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-10-2000* *954-698-6351*  
 Date Daytime Phone #

CR2E037 (9/99)