


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

**DOCUMENT # 735213**  
 1. Entity Name  
**LYNDHURST "L" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 CONDO OWNERS ORG. OF CENTURY VILLAGE E  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-2085

Mailing Address  
 CONDO OWNERS ORG. OF CENTURY VILLAGE E  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-2085

66014204



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02252007 Chg-NP CR2E037 (12/06)

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**

6. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2007**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DT	MENDELOUATZ, BEATRICE	182 LYNDHURST L	DEERFIELD BCH, FL 33442	<input checked="" type="checkbox"/>
D	SHAW, STANLEY	181 LYNDHURST L	DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/>
VD	SIRCHUCK, PEARL	LYNDHURST L 169	DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/>
PD	BANKS, DOROTHY	LYNDHURST L 170	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>
S	SIRCHUCK, PEARL	LYNDHURST L 169	DEERFIELD BCH, FL 33442	<input type="checkbox"/>
D	BALKOU, CHRIS	LYND L 184	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
T	Del Genio			<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	NANCY GURETTE	163 LYNDHURST 'L'	D.B. FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ISSIE ZABITSKY	183 LYNDHURST 'L'	D.B. FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dorothy Banks* **DOROTHY BANKS**  
 3-22-07 (954) 880-2351  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #