

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2008 8:00 am
Secretary of State

03-12-2008 90026 050 ****70.00

DOCUMENT # 757231 1. Entity Name LYNBROOK COURTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6745 S.W. 132ND AVENUE ATTN: MANAGERS BOX MIAMI FL 33183			Mailing Address 6745 S.W. 132ND AVENUE ATTN: MANAGERS BOX MIAMI FL 33183		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2236197	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISINGER, BROWN, LEWIS & FRANKEL, PA 4000 HOLLYWOOD BLVD STE 265 S HOLLYWOOD FL 33021				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 registering)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	P TAMARGO, GLORIA 13045 SW 68TH ST 108 MIAMI FL 33183 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARMANDO, MOYA 6745 SW 132 AVE 304 MIAMI FL 33183 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MUNOZ, SUZETTE 6745 SW 132 AVE 204 MIAMI FL 33183 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Gloria Tamargo</u> (GLORIA-TAMARGO) SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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1st MOORE CR2E037 (10/07)