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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730170

1. Corporation Name

LYNDHURST "H" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

LYNDHURST "H" CONDO
1004 LYNDHURST H
DEERFIELD BEACH FL 33442

Mailing Address

LYNDHURST "H" CONDO
1004 LYNDHURST H
DEERFIELD BEACH FL 33442



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/05/1974

4. FEI Number

59-1700448

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

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION
CENTRY VILLAGE EAST, INC.
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WOLLER, HOWARD**
STREET ADDRESS **LYNDHURST H 4001**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **VD** ☐ DELETE

NAME **SHELDON, SHERMAN**
STREET ADDRESS **2001 LYNDHURST H**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **T** ☐ DELETE

NAME **WEISS, RUTH**
STREET ADDRESS **LYNDHURST H 1004**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **VD** ☐ DELETE

NAME **KOLKER, MILTON**
STREET ADDRESS **LYNDHURST H 4011**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **S** ☐ DELETE

NAME **NADLER, SAUL**
STREET ADDRESS **1003 LYNDHURST H**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☐ DELETE

NAME **COHEN, MURRAY**
STREET ADDRESS **2011 LYNDHURST H**
CITY-ST-ZIP **DEERFIELD BCH. FL 33442**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Weiss

Date

2/3/99

Daytime Phone #

954 427-5817

CR2E037 (1/98)