

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730170

1. Entity 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 33442-2258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1700448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION  
CENTRY VILLAGE EAST, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

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.

SIGNATURE

*Ruth Weiss*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$81.25

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

TITLE	* Director	<input type="checkbox"/> Delete
NAME	BERKOWITZ, T.	
STREET ADDRESS	3001 LYNDHURST H	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VB President 8/1 - 11/30	<input type="checkbox"/> Delete
NAME	SHELDON, SHERMAN	
STREET ADDRESS	2001 LYNDHURST H	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T-D	<input type="checkbox"/> Delete
NAME	WEISS, RUTH	
STREET ADDRESS	LYNDHURST H 1004	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VB President 4/1 - 9/31	<input type="checkbox"/> Delete
NAME	KOLKER, MILTON	
STREET ADDRESS	LYNDHURST H 4011	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VB President 12/1 - 3/31	<input type="checkbox"/> Delete
NAME	NADLER, SAUL	
STREET ADDRESS	1003 LYNDHURST H	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MURRAY	
STREET ADDRESS	2011 LYNDHURST H	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Weller	
STREET ADDRESS	1004 LYNDHURST H	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY BERKOWITZ	
STREET ADDRESS	3001 LYNDHURST H	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input 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		
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 other like empowered.

SIGNATURE:

*Ruth Weiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

Date

Daytime Phone #

954-427-5817

CH2E037 (9/99)