

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009128

**Entity Name:** LYNDHURST CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 21, 2023**  
**Secretary of State**  
**1054761542CC**

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573 US

**FEI Number: 55-0885113**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUSH ROSS PA  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 US

*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:** H. WEB MELTON

03/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KATLEMAN, GEORGE  
Address 12821 PORTLAND AVE  
City-State-Zip: BURNSVILLE MN 55337

Title DIRECTOR  
Name LUND, JOHN  
Address 33 LUMUR DR  
City-State-Zip: SAYVILLE NY 11782

Title DIRECTOR  
Name SMITH, JAMES  
Address 2449 SIFIELD GREENS WAY  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name ADDERLEY, JIM  
Address 39A MAPLE AVE N  
City-State-Zip: MISSISSAUGA ON L5H 2R9

Title DIRECTOR  
Name ODOM, WILLIAM  
Address 1209 LYNDHURST GREENS DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title PRESIDENT  
Name POLETTO, LOUIS  
Address 1211 LYNDHURST GREENS DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER  
Name QUINN, DEBBIE  
Address 2440 SIFIELD GREENS WAY  
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY  
Name BRENNAN, DEBORAH  
Address 1204 LYNDHURST GREENS DR  
City-State-Zip: SUN CITY CENTER FL 33573

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOUIS POLETTO

PRESIDENT

03/21/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP

Name KELLY, WILLIAM

Address 1302 KETTERING GREENS DR

City-State-Zip: SUN CITY CENTER FL 33573