

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

DOCUMENT# N08894

**Entity Name:** THE FIFTY/FIFTY CONDOMINIUM ASSOCIATION OF FORT LAUDERDALE, INC.**FILED**  
**Jan 18, 2023**  
**Secretary of State**  
**4251511925CC****Current Principal Place of Business:**C/O MARY KATHLEEN LYONS  
5120 NE 17TH TERRACE  
FT. LAUDERDALE, FL 33334**Current Mailing Address:**1450 SYLVAN DRIVE  
MOUNT DORA, FL 32757 US**FEI Number: 00-0000000****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYONS, MARY K  
5120 NE 17TH TERRACE  
FT. LAUDERDALE, FL 33334 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | LYONS, MARY KATHLEEN |
| Address         | 1450 SYLVAN DRIVE    |
| City-State-Zip: | MOUNT DORA FL 32757  |

|                 |                     |
|-----------------|---------------------|
| Title           | TREASURER           |
| Name            | STANLEY, DAVID N    |
| Address         | 1450 SYLVAN DRIVE   |
| City-State-Zip: | MOUNT DORA FL 32757 |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP                      |
| Name            | LYONS, LORI             |
| Address         | 1479 NE 63RD CT.        |
| City-State-Zip: | FT. LAUDERDALE FL 33334 |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP                      |
| Name            | LYONS, FRANK            |
| Address         | 1479 NE 63RD CT.        |
| City-State-Zip: | FT. LAUDERDALE FL 33334 |

*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: DAVID STANLEY****TREASURER****01/18/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date