

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-27-2006 90417 001 15,496.25

DOCUMENT # 730170 1. Entity Name LYNDHURST "H" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION CENTRY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BERKOWITZ, T. 3001 LYNDHURST H DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY - ST - ZIP	KATHERINE BERKOWITZ 3001 Lyndhurst H D. B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORRIS, SOLOMON 3010 LYNDHURST 10 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY - ST - ZIP	MILTON KOLKER 4011 Lyndhurst H D. B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEISS, RUTH LYNDHURST H 1004 DEERFIELD BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY - ST - ZIP	ELLIE NYS 3008 Lyndhurst H D. B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KOLKER, MILTON LYNDHURST H 4011 DEERFIELD BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY - ST - ZIP	MILTON KOLKER 4011 Lyndhurst H D. B. H 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NADLER, SAUL 1003 LYNDHURST H DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY - ST - ZIP	ELAINE Miller 2011 Lyndhurst 'H' D. B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARON, ISSIE 3013 LYNDHURST H DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY - ST - ZIP	RUTH WEISS 1004 Lyndhurst 'H' D. B. H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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>Saul Nadler</u> SAUL NADLER <u>4/1/06</u> (954) 429-0859 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					