

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 5: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/95--01001--001
DO NOT WRITE IN THESE SPACES \$130.00

DOCUMENT # 730369 (6)
1. Corporation Name
LYNDHURST "J" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O LYNDHURST "J" 3034/CVE DEERFIELD BEACH FL 33442
C/O LYNDHURST "J" 3034/CVE DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 08/05/1974
3a. Date of Last Report 05/01/1994
4. FEI Number 59-1929922
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CONDOMINIUM OWNERS ORGANIZATION OF CENT.VIL
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	KORNBLUTH, MARTIN	1.2 NAME	
STREET ADDRESS	LYNDHURST J 2032	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GUCCIONE, JOHN	2.2 NAME	
STREET ADDRESS	LYNDHURST J 4036	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	EIG, STANLEY	3.2 NAME	
STREET ADDRESS	LYNDHURST J 1037	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWNE, JUDITH A	4.2 NAME	
STREET ADDRESS	LYNDHURST J 3034	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Judith A Browne JUDITH A BROWNE 1/13/95 305 428 1026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #