2000 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2000 8:00 am Secretary of State **DOCUMENT # 730369** 1. Entity Name LYNDHURST "J" CONDOMINIUM ASSOCIATION, INC. 04-25-2000 90324 001 15,006.25 Principal Place of Business Mailing Address C/O LYNDHURST "J" 3034/CVE C/O LYNDHURST "J" 3034/CVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1929922 Not Applicable $Z_{\mathbf{p}}$ Country \$8.75 Additional Ζíρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CONDOMINIUM OWNERS ORGANIATION OF CENT.VII. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 Zip Code FL 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 Florids. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apent signature regulated when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. 6660 ☐ Addition បាខាន VD Delete TITLE NAME KORNBLUTH, MARTIN NAME CP2E037 STREET ADDRESS STREET ADDRESS LYNDHURST J 2032 COTY-ST-ZIP CETY-ST-ZIP DEERFIELD BCH FL Addition ☐ Change TITLE D/V Defete nne GUCCIONE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS LYNDHURST J 4038 CITY-ST-ZIP C/TY-ST-ZIP DEERFIELD BCH FL ☐ Add(tion ☐ Change 1771 F Delate NAME EIG. STANLEY NAME STREET ADDRESS LYNDHURST J 1037 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition ☐ Change ☐ Defete TILE TITLE NAME BROWNE, JUDITH A NAME STREET ADDRESS STREET ADDRESS LYNDHURST J 3034 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Addition Change ☐ Delete TITLE TITLE ZACTENGERG JOE NAME NAME LYNDHURAT J 3031 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Deerfield brock F ☐ Addition ☐ Change TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cetti; 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.

FILED

Daylane Phone #