2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jun 08, 2001 8:00 am
Secretary of State
04-14-2001 90045 001 15,067.50

DOCUMENT # 730369

1. Entity Name
LYNDHURST J CONDOMINIUM ASSOCIATION INC

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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1929922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDOMINIUM OWNERS ORGANIZATION of CENTVIL 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STANLEY Eig, STANLEY ← DIRECTOR LYNDHURST J 1036 DEERFIELD BEACH, FL	☐ Delete	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. GUGLIONE, JOHN LYNDHURST J 4036 DEERFIELD Bch FL	☐ Delete DIRECTOR	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BROWNE, JUDITH A LYNDHURST J 3034 DEERFIELD BCH. FL	☐ Delete	T	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TRAUTENBERG VOG LYNDHURST J 3031 DEERFIELD Bch FL ←	☐ Delete DIRECTOR	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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 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: Stanley Eig STANLEY Eig 2/16/2001 427-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #