

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 # 730369 1. Entity Name LYNDHURST "J" CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O CONDOMINIUM OWNERS ORG OF CEN 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085 | | | Mailing Address C/O CONDOMINIUM OWNERS ORG OF CEN 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 | 01292006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number 59-1929922 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION OF CENT.VIL 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 re-electing) DATE</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 | SD GOLD, SY 1033 LYNDHURST J DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | DAVID POLAK 4029 Lyndhurst J D.B. # 33442 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD EIG, STANLEY LYNDHURST J 1037 DEERFIELD BEACH, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | ED KORNBLUTH 2032 Lyndhurst J D.B. # 33442 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T BROWNE, JUDITH A LYNDHURST J 3034 DEERFIELD BCH, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D MANDELL, NATHAN LYNNHURST J 3038 DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DV WEINBERG, ALAN LYNDHURST J 1030 DEERFIELD BEACH, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D BAUMANN, HELEN 2029 LYNDHURST J DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| 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: <i>Stanley EIG</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small> | | | Date: 4/1/06 (954) 427-0450 <small>Daytime Phone #</small> | | |