NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55027463

DOCUMENT # 730369

1. Entity Name
LYNDHURST J CONDOMINIUM ASSOC. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E., INC. ■COOCVE■ 3501 West Drive
City & State	Deerfield Bch., FL 33442-2085
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
04/18/03 90478 001 $61.25

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

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

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7. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. ■COOCVE■
3501 West Drive
Deerfield Bch., FL 33442-2085

Code 3442

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 Jack Miller JACK MILLER 5/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	TITLE	
NAME	GUCCIONE JOHN	NAME	
STREET ADDRESS	LYNDHURST J 4036	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	EIG. STANLEY	NAME	
STREET ADDRESS	LYNDHURST J 1037	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD Beach FL	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	BROWNE JUDITH A	NAME	
STREET ADDRESS	LYNDHURST J 3084	STREET ADDRESS	
CITY-ST-ZIP	Deerfield beach FL	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	NATHAN MANDELL	NAME	
STREET ADDRESS	LYNDHURST J 3038	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Ann Browne JUDITH ANN BROWNE 4/1/03 954 428 1026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #