

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

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AND  
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95 MAY -1 PM 5:58

**CORPORATION  
ANNUAL REPORT  
1995**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001474739  
-05/04/95--01001--001  
\*\*32760.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 730370 (4)**  
1. Corporation Name  
**LYNDHURST \*1 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% LOUIS BROWN** **% LOUIS BROWN**  
**1018 LYNDHURST I** **1018 LYNDHURST I**  
**DEERFIELD BEACH FL 33442** **DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified <b>08/05/1974</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1895665</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY**  
**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. DATE Registered Agent signature required when circulating.

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>BROWN, LOUIS A</b>
STREET ADDRESS	<b>1018 LYNDHURST I</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>WILLIAMS, PEARL</b>
STREET ADDRESS	<b>4015 LYNDHURST I</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SCHWARTZ, JOSEPH</b>
STREET ADDRESS	<b>LYNDHURST I 2017</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SPANIER, WILLIAM</b>
STREET ADDRESS	<b>LYNDHURST I 3015</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>GOLDIN, LOUIS</b>
STREET ADDRESS	<b>LYNDHURST I 1025</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>POLLOCK, CLARENCE</b>
STREET ADDRESS	<b>1017 LYNDHURST I</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>SEC - D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>RUTH LEWIT</b>	
13 STREET ADDRESS	<b>4028 LYNDHURST I</b>	
14 CITY - ST - ZIP	<b>DEERFIELD BCH, FL 33442</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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: *[Signature]* DATE: **2/9/95** **421-1463**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type)

**LOUIS A. BROWN, PRES.**