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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 730370 (4)
1. Corporation Name
LYNDHURST "I" CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 08/05/1974
4. FEI Number: 59-1895665
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when relistating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	SECRETARY
NAME	BROWN, LOUIS A	1.2 NAME	RUTH LEWIT
STREET ADDRESS	1018 LYNDHURST I	1.3 STREET ADDRESS	LYNDHURST I 4028
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	D	2.1 TITLE	D
NAME	WILLIAMS, PEARL	2.2 NAME	LOUIS KAUFMAN
STREET ADDRESS	4015 LYNDHURST I	2.3 STREET ADDRESS	LYNDHURST I 2022
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	D	3.1 TITLE	VPO
NAME	SCHWARTZ, JOSEPH	3.2 NAME	SCHWARTZ, JOSEPH
STREET ADDRESS	LYNDHURST I 2017	3.3 STREET ADDRESS	LYNDHURST I 2017
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	D	4.1 TITLE	
NAME	SPANIER, WILLIAM	4.2 NAME	
STREET ADDRESS	LYNDHURST I 3015	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COHEN, ROBERTA	5.2 NAME	
STREET ADDRESS	1021 LYNDHURST I	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FELDBERG, PAUL	6.2 NAME	
STREET ADDRESS	3021 LYNDHURST I	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	

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14. 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 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: _____

CP2E037 (10/97)