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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730370

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/05/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1895665	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 1-18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LOUIS A		1.2 NAME		
STREET ADDRESS	1018 LYNDHURST I		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, LOUIS		2.2 NAME		
STREET ADDRESS	2022 LYNDHURST I		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JOSEPH		3.2 NAME		
STREET ADDRESS	LYNDHURST I 2017		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANIER, WILLIAM		4.2 NAME	ROBERT BOOPKIN	
STREET ADDRESS	LYNDHURST I 3015		4.3 STREET ADDRESS	4028 LYNDHURST I	
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELDBERG, PAUL		6.2 NAME	RUTH LEWIT	
STREET ADDRESS	3021 LYNDHURST I		6.3 STREET ADDRESS	4028 LYNDHURST I	
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY-ST-ZIP	DEERFIELD BEACH FL	

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, with all other like empowered.

SIGNATURE: _____ DATE 1-18-99 DAYTIME PHONE # 954-421-1463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-(1/198)