

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

DOCUMENT # 730370  
 1. Entity Name **Lyndhurst I Condo Assoc Inc**

Principal Place of Business Mailing Address  
**Lyndhurst I**  
**Unit 1018**  
**Centryvillage East**  
**Deerfield Beach, Fla 33442**

2. Principal Place of Business 3. Mailing Address  
**same** **same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**same** **same**  
 City & State City & State  
**Deerfield Beach, Fla**  
 Zip Country Zip Country  
**33442** **Boward**

**8594**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1895665** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
**Louis A. Brown**  
**1018 Lyndhurst I**  
**Centry Village East, Fla 33442**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<b>President - Treasurer</b> <input type="checkbox"/> Delete
NAME	<b>Louis A. Brown</b>
STREET ADDRESS	<b>1018 Lyndhurst I</b>
CITY-ST-ZIP	<b>Centry Village East, Fla 33442</b>
TITLE	<b>Ruth Lewitt (Secretary)</b> <input type="checkbox"/> Delete
NAME	<b>4028 Lyndhurst I</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Robert Goodkin (Vice Pres.)</b> <input type="checkbox"/> Delete
NAME	<b>4015 Lyndhurst I</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Paul Feldberg (Director)</b> <input type="checkbox"/> Delete
NAME	<b>3021 Lyndhurst I</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Ray Collins (Director)</b> <input type="checkbox"/> Delete
NAME	<b>2017 Lyndhurst I</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Donald Kaplan (Director)</b> <input type="checkbox"/> Delete
NAME	<b>4018 Lyndhurst I</b>
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Barbara Shapiro</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3025 Lyndhurst I</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Louis A. Brown President Treasurer 2/29/00 421-1463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (9/99)