DOCUMENT # 730370 1. Entity Name						FILMU	` ! -		
LYNDHURST "I" CONDOMINIUM ASSOCIATION, INC.					พื้อเริโกแ	JARY OF STAT OF CORPORAT	10%:		
Principal Place of Business Mailing Address				_ .	O2 API	R -3 AM 10: 4	0		
C/O RAYMOND COLLINS 2017 LYNDHURST I DEERFIELD BEACH FL 33442		C/O RAYMOND COLLINS 2017 LYNDHURST I DEERFIELD BEACH FL 33442							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		_				oplied For of Applicable	
Zip Country		Zip	Country		5 Certificate of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Register	Fee Require	<u> </u>	
o. Name and Address of Burrent Hegistered Agent				Name					
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY			Street A	Street Address (P.O. Box Number is Not Acceptable)					
3501:WEST-DRIVE WILL									
DEEKHEL	D BEACH FL-33442-2085		City			FL Zip Code			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)	Da	те		
	FILE NOW: FEE IS \$61.25	Trust Fund Co	9. Election Campaign Financing Trust Fund Contribution.			Depart	eck Payable ment of State	>	
10.	OFFICERS AND DIF		11.	1 11-		ES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, RAYMOND 2017 LYNDHURST I DEERFIELD BEACH FL-33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IKA	WEMAN, E	STEULE JAST I NUM, FL 33	☐ Change		
TITLE NAME STREET ADDRESS	VPD. KAPLAN, DONALD 4018 LYNDHURST I`	☐ Delete	TITLE NAME STREET ADDRESS	1 7	ECLDHAN, 2027 LYN CERFIELD	MARTIN DHURST I BEACH, FL 3	☐ Change	Addition	
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 33442	Delete	CITY-ST-ZIP	 -				Addition	
name Street address ⁽	sùapiro, barbara 3025 lyndhurst i	□ Defete	NAME STREET ADDRESS CITY-ST-ZIP		500	0005251 -04/12/02	7915~ -010580	 3 01	
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 33442 TD		TITLE	-		**15067.50	******	1 25	
NAME Street Address City-St-Zip	GOODKIN, ROBERT 4015 LYNDHURST I DEERFIELD BEACH FL 33442		NAME STREET ADDRESS CITY-ST-ZIP				, \		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD KAUFMAN, LOUIS 2022 LYNDHURST I DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			Rin	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MIRIAM 1017 LYNDHURST I DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| ROBERTY GOOD FINE LABURE OF SIGNING OFFICER OR DIRECTOR | Date | Dayling Phone #