
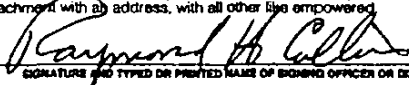


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90139 001 15,373.75

<b>DOCUMENT # 730370</b>							
1. Entity Name <b>LYNDHURST "I" CONDOMINIUM ASSOCIATION, INC.</b>							
Principal Place of Business <b>CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>			Mailing Address <b>CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>				
2. Principal Place of Business		3. Mailing Address		03142005 Chg-NP CR2E037 (10/03)  4. FEI Number <b>59-1895665</b> <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COLLINS, RAYMOND		NAME	Guy Adamo			
STREET ADDRESS	2017 LYNDHURST I		STREET ADDRESS	1026 Lyndhurst I			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP	D.B H 33442			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KAPLAN, DONALD		NAME	Martin Feldman			
STREET ADDRESS	4018 LYNDHURST I		STREET ADDRESS	2027 Lyndhurst I			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP	DB H 33442			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GAETANO, ADAMO		NAME	Marion Hennigs			
STREET ADDRESS	1028 LYNDHURST I		STREET ADDRESS	1028 Lyndhurst I			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP	D.B H 33442			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ELIMELECK, MORTON		NAME	BUNNY GREEN			
STREET ADDRESS	3028 LYNDHURST I		STREET ADDRESS				
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KABCHEFSKY, SELMA		NAME				
STREET ADDRESS	1024 LYNDHURST I		STREET ADDRESS				
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAPIRO, BARBARA		NAME				
STREET ADDRESS	3025 LYNDHURST I		STREET ADDRESS				
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		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)(f), 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: 		3/14/05		(951) 427-4946			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			
<b>RAYMOND COLLINS</b>							

66019035

