

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

DOCUMENT # 735212

1. Entity Name
LYNDHURST "M" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CONDOMINIUM OWNERS ORGANIZATION OF CEN C/O CONDOMINIUM OWNERS ORGANIZATION OF CEN
3501 WEST DRIVE 3501 WEST DRIVE
DEERFIELD BCH, FL 33442-2085 DEERFIELD BCH, FL 33442-2085

000130033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1863704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
3501 WEST DRIVE
DEERFIELD BCH, FL 33442-2085

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 reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME NEHLS, ROSLYN
STREET ADDRESS 183 LYNDHURST M
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ISAACS, WILLIAM
STREET ADDRESS 188 LYNDHURST M
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☒ Delete

TITLE VTSD
NAME William Issacs
STREET ADDRESS 188 Lyndhurst M
CITY-ST-ZIP D.B. FL 33442 ☐ Change ☒ Addition

TITLE VD
NAME RUSSEN, FLORENCE
STREET ADDRESS LYNDHURST M 186
CITY-ST-ZIP DEERFIELD BCH, FL 33442 ☒ Delete

TITLE D
NAME FRANCO Tassinario
STREET ADDRESS 191 Lyndhurst M
CITY-ST-ZIP D.B. FL 33442 ☐ Change ☒ Addition

TITLE TS
NAME DELLINGER, BILL
STREET ADDRESS 410 SOUTH POWERLINE ROAD
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Roslyn Nehls ROSLYN NEHLS 4/4/05 (954) 698-6184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #