2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 735212

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

Current Principal Place of Business:

C/O CONDOMINIUM OWNERS ORG OF CEN
3501 WEST DRIVE
DEERFIELD BCH, FL 334422085

New Principal Place of Business:

C/O CONDOMINIUM OWNERS ORG OF CENTURY
3501 WEST DRIVE
DEERFIELD BCH, FL 334422085 US

Current Mailing Address:

C/O CONDOMINIUM OWNERS ORG OF CEN
3501 WEST DRIVE
DEERFIELD BCH, FL 334422085

New Mailing Address:

LYNDHURST M CONDOMINIUM ASSOC. INC.
188 LYNDHURST M
DEERFIELD BCH, FL 334422273 US

FEI Number: 59-1863704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
3501 WEST DRIVE
DEERFIELD BCH, FL 334422085 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEHLS, ROSLYN
Address: 193 LYNDHURST M
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VTSD ( ) Delete
Name: ISAACS, WILLIAM
Address: 188 LYNDHURST M
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: CREPEAU, MIREILLE
Address: 197 LYNDHURST 'M'
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEHLS, ROSLYN
Address: 193 LYNDHURST M
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VTSD (X) Change ( ) Addition
Name: ISAACS, WILLIAM
Address: 188 LYNDHURST M
City-St-Zip: DEERFIELD BEACH, FL 334422273 US

Title: D (X) Change ( ) Addition
Name: CREPEAU, MIREILLE
Address: 197 LYNDHURST 'M'
City-St-Zip: DEERFIELD BEACH, FL 33442 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ISAACS S 03/26/2009

Electronic Signature of Signing Officer or Director — Date