

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 750471

**FILED**  
**Nov 22, 2004**  
**Secretary of State****Entity Name:** LYNN-COURT TOWNHOUSE ASSOCIATION, INC.**Current Principal Place of Business:**727 BILTMORE COURT  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**727 BILTMORE COURT  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 59-2019457**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COX, MARCELYN R  
725 BILTMORE COURT  
CORAL GABLES, FL 33134 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: VD ( ) Delete  
Name: BECK, JAMES  
Address: 723 BILTMORE COURT  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete  
Name: COX, MARCELYN R  
Address: 725 BILTMORE COURT  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: LYNN, FRANK,  
Address: 727 BILTMORE COURT  
City-St-Zip: CORAL GABLES, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: BOZA, ED  
Address: 723 BILTMORE COURT  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARCELYN R. COX

MS.

11/22/2004

Electronic Signature of Signing Officer or Director

Date