

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90038 015 \*\*\*150.00

**DOCUMENT # F02000003968**

1. Entity Name  
LYNNHAVEN INN, INC.



Principal Place of Business  
906 E HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

Mailing Address  
906 E HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

50002536



**DO NOT WRITE IN THIS SPACE**

02022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
54-0965451

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KAMBOUROPOULOS, COSTAS  
3851 NE 27TH AVE  
LIGHTHOUSE POINT, FL 33064

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KAMBOUROPOULOS, COSTAS  
STREET ADDRESS 3851 NE 27TH AVE  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE PVD  
NAME KAMBOUROPOULOS, FELIX  
STREET ADDRESS 3851 NE 27TH AVE  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE STD  
NAME KAMBOUROPOULOS, ANGELIQUE  
STREET ADDRESS 3851 NE 27TH AVE  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE PDV  
NAME KAMBOUROPOULOS, HARRIS  
STREET ADDRESS 3851 NE 27TH AVE  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:**

*Costas Kambourooulos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #