2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 17, 2007 8:00 am Secretary of State

DOCUMENT # N0400009128 1. Entity Name LYNDHURST CONDOMINIUM ASSOCIATION, INC.								/ 90048 (J49 ****61	1.25
Principal Place of Business 1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573 Mailing Address 1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573										
2 Principal F	face of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				intii Rink Afili Afili	ESTIL CHITH ABITA	12131 11213 IJGG1 121	IKE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						02022007	Chg-NP	CR2E(037 (12/06)	
City & State		City & State				4. FEI Numbe 55-0885				plied For at Applicable
Zip	Country	Zip	Country			5. Certificate of	of Status Desire	d []	\$8.75 Add Fee Require	
	6. Name and Address of Current Re	gistered Agent				7. Name and	Address of Nev	w Registered	l Agent	
DE FURIA, JAMES R P.A.			Name							
201 EAST KENNEDY BLVD SUITE 1460				Street A	ddress (F	P.O. Box Numbe	r is Not Accepte	able) 		
TAMPA, F	L 33602			City					₹a Cad	
	· · 			City				F	L Zip Code	е
	named entity submits this statement for the form of registered agent.	ne purpose of changing is	s registere	ad office of	registere	ed agent, or both	n, in the State of	rionoa. Tan	n lamiliai with,	and accept
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	Signature, typed or printed name of registered agent and	title if applicable. (NOT	TE: Registere	d Agent signat	ure required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	ımpaign F	inancing		\$5.00 May Be Added to Fees	F	Make che lorida Depa	ck payable to	tate
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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 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:

813 6428990