


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2007 90048 049 \*\*\*\*61.25

<b>DOCUMENT # N04000009128</b> 1. Entity Name <b>LYNDHURST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573</b>			Mailing Address <b>1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number <b>55-0885113</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE FURIA, JAMES R P.A. 201 EAST KENNEDY BLVD SUITE 1460 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHIDDON, CLIFFORD 1250 LYNDHURST GREENS DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Noeltner, Peg 2442 Sifield Grns Ln. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GELLENY, JOSEPH 2440 SIFIELD GREENS WAY SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gelleny, Joseph 2440 Sifield Grns Wy Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LQIS, GLENNIE 1302 KETTERING GREENS DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MASUCCI, JERRY 2436 SIFIELD GREENS DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUND, JOHN PO BOX 386 SAYVILLE, NY 11782	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Clifford R Whiddon</i> <b>PRES.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/26/07</b> <small>Date</small>		<b>813 642-8990</b> <small>Daytime Phone #</small>