


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 050 ****61.25

DOCUMENT # N17585 1. Entity Name LYNDHURST COURT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235 US			Mailing Address 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235 US		
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	4. FEI Number 65-0058619	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D PAARMANN, LAVINA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4084 LYNDHURST CT.		NAME		
STREET ADDRESS	SARASOTA, FL 34235		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	SD GUASTELLA, JOHN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3924 LYNDHURST CT		NAME		
STREET ADDRESS	SARASOTA, FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DP WILDHACK, WILLIAM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3804 LYNDHURST COURT		NAME		
STREET ADDRESS	SARASOTA, FL 34235		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	TD SWARTZ, DOUG <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3950 LYNDHURST CT.		NAME		
STREET ADDRESS	SARASOTA, FL 34235		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DV TRUSKOWSKI, GERALD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3906 LYNDHURST CT.		NAME		
STREET ADDRESS	SARASOTA, FL 34235		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>William A. Wildhack</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-25-07 Daytime Phone # _____		