

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 220 96 B-

1618 (7) C

DOCUMENT # N49891

1. Corporation Name

LYNDON ARMS ASSOCIATION, INC.



Principal Place of Business: 200 ANDREWS AVENUE DELRAY BEACH FL 33483
Mailing Address: 200 ANDREWS AVENUE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0365125
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc. (22)
27. Suite, Apt. #, etc. (27)
23. City & State (23)
28. City & State (28)
24. Zip (24), Country (25)
29. Zip (29), Country (30)

9. Name and Address of Current Registered Agent
BILLOW, GERALD
200 ANDREWS AVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81. Name: GERALD O. BILLOW
82. Street Address (P.O. Box Number is Not Acceptable): 200 ANDREWS AVE APT. 2
83. City: DELRAY BEACH FL 33483
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MEEKS, GERALD E.	
STREET ADDRESS	200 ANDREWS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BILLOW, GERALD O	
STREET ADDRESS	200 ANDREWS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BACHRODT, ALLISON	
STREET ADDRESS	200 ANDREWS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONTGELAS, DOROTHY	
STREET ADDRESS	200 ANDREWS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BUEHLER, JOSEPH	
STREET ADDRESS	200 ANDREWS AVE APT 4	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERALD O. BILLOW	
1.3 STREET ADDRESS	200 ANDREWS AVENUE, APT. 2	
1.4 CITY-ST-ZIP	DELRAY BEACH FL 33483	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTY LIBBEY	
2.3 STREET ADDRESS	200 ANDREWS AVENUE, APT. 1A	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRAIG BACHRODT	
3.3 STREET ADDRESS	200 ANDREWS AVENUE, APT. 4A	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOROTHY MONTGELAS	
4.3 STREET ADDRESS	200 ANDREWS AVENUE, APT 3	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARCIA CLORE	
5.3 STREET ADDRESS	200 ANDREWS AVENUE, APT 1	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald O. Billow President FEB. 4, 1996 (407) 265 3267
DATE: _____ DAYTIME PHONE # _____

CR2E037 (12/95)