

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N49891 (7)
1. Corporation Name

LYNDON ARMS ASSOCIATION, INC.



Principal Place of Business Mailing Address
200 ANDREWS AVENUE 200 ANDREWS AVENUE
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-7171

3. Date Incorporated or Qualified 07/15/1992
3a. Date of Last Report 02/27/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 65-0365125 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
BILLOW, GERALD
200 ANDREWS AVENUE
APT. 2
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name GERALD E. MEEKS
82 Street Address (P.O. Box Number is Not Acceptable) 200 ANDREWS AVE, APT 3A
83
84 City DELRAY BEACH FL 85 Zip Code 33483

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: *Gerald E. Meeks* President 84 Feb 1997

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME BILLOW, GERALD O
STREET ADDRESS 200 ANDREWS AVENUE, APT. 2
CITY-ST-ZIP DELRAY BEACH FL
TITLE PD DELETE
NAME BILLOW, GERALD O
STREET ADDRESS 200 ANDREWS AVENUE
CITY-ST-ZIP DELRAY BEACH FL
TITLE VD DELETE
NAME LIBBEY, BETTY
STREET ADDRESS 200 ANDREWS AVENUE, APT. 1A
CITY-ST-ZIP DELRAY BEACH FL
TITLE T DELETE
NAME MONTGELAS, DOROTHY
STREET ADDRESS 200 ANDREWS AVENUE
CITY-ST-ZIP DELRAY BEACH FL
TITLE TD DELETE
NAME MONTGELAS, DOROTHY
STREET ADDRESS 200 ANDREWS AVENUE, APT. 3
CITY-ST-ZIP DELRAY BEACH FL
TITLE SD DELETE
NAME CLORE, MARCIA
STREET ADDRESS 200 ANDREWS AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME MEEKS, GERALD E
1.3 STREET ADDRESS 200 ANDREWS AVE, APT. 3A
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483
2.1 TITLE VD Change Addition
2.2 NAME BUEHLER, JOSEPH
2.3 STREET ADDRESS 200 ANDREWS AVE, APT. 4
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33483
3.1 TITLE VD Change Addition
3.2 NAME BACHRODT, CRAIG
3.3 STREET ADDRESS 200 ANDREWS, AVE, APT. 4A
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33483
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME APT. 1
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Gerald E. Meeks* GERALD E. MEEKS 11 Feb 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044752

CR2E037 (9/96)