

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90052 037 ****61.25

DOCUMENT # N49891

1. Entity Name

LYNDON ARMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**200 ANDREWS AVENUE
 DELRAY BEACH FL 33483**

**200 ANDREWS AVENUE
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0365125

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEEKS, GERALD E
 200 ANDREWS AVE. APT 3A
 APT. 2
 DELRAY BEACH FL 33483**

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.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHANEY, HARROLD	
STREET ADDRESS	200 ANDREWS AVENUE APT 1A	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, CLORE	
STREET ADDRESS	200 ANDREWS AVENUE APT 1	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOLNELL, KATHLEEN	
STREET ADDRESS	200 ANDREWS AVENUE, APT. 3	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BILLON, MARY JANE	
STREET ADDRESS	200 ANDREWS AVENUE APT 2	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEBBA, LUCETTE	
STREET ADDRESS	200 ANDREWS AVENUE APT 2A	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee S. Clore	
STREET ADDRESS	200 Andrews Ave. #1	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal Jessie	
STREET ADDRESS	200 Andrews Ave. #4A	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Bolwell	
STREET ADDRESS	200 Andrews Ave. #3	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY JANE Billow	
STREET ADDRESS	200 Andrews Ave. #2	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARION Buehler	
STREET ADDRESS	200 Andrews Ave. #4	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Lee S. Clore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

561-274-9734

Date

Daytime Phone #

CP2E037 (9/01)