


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N49891 1. Entity Name LYNDON ARMS ASSOCIATION, INC.	
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Principal Place of Business 200 ANDREWS AVENUE DELRAY BEACH FL 33483	Mailing Address 200 ANDREWS AVENUE DELRAY BEACH FL 33483
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent MEEKS, GERALD E 200 ANDREWS AVE. APT 3A APT. 2 DEL RAY BEACH FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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4. FEI Number 65-0365125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE _____
Signature, typed or printed name of registered agent (and to be applicable) (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete MEEKS, GERALD E
NAME	200 ANDREWS AVE APT 3A
STREET ADDRESS	DELRAY BEACH FL 33483
CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> Delete BILLOW, GERALD
NAME	200 ANDREWS AVE APT 2
STREET ADDRESS	DELRAY BEACH FL 33483
CITY- ST- ZIP	
TITLE	TD <input type="checkbox"/> Delete BUEHLER, MARION
NAME	200 ANDREWS AVENUE, #4
STREET ADDRESS	DELRAY BEACH FL 33483
CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> Delete PERRONE, FRANK
NAME	200 ANDREWS AVE #3
STREET ADDRESS	DELRAY BEACH FL 33483
CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete CLORE, LEE
NAME	200 ANDREW AVE
STREET ADDRESS	DELRAY BEACH FL 33483
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000814176
STREET ADDRESS	02/13/08-80033-025 61.25
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 exemptions contained in Section 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: *Frank Perrone* Frank Perrone Pres 1/30/08 781-775-2700