

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49891

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: LYNDON ARMS ASSOCIATION, INC.

**Current Principal Place of Business:**

200 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

200 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 65-0365125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEEKS, GERALD E  
200 ANDREWS AVE. APT 3A  
APT. 2  
DEL RAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MEEKS, GERALD E  
Address: 200 ANDREWS AVE APT 3A  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD ( ) Delete  
Name: BILLOW, GERALD  
Address: 200 ANDREWS AVE APT 2  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: BUEHLER, MARION  
Address: 200 ANDREWS AVENUE, #4  
City-St-Zip: DELRAY BEACH, FL 33483

Title: P ( ) Delete  
Name: PERRONE, FRANK  
Address: 200 ANDREWS AVE #3  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete  
Name: CLORE, LEE  
Address: 200 ANDREW AVE  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PERRONE

P

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date