

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