

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90002 010 ***150.00

DOCUMENT # P02000053479

1. Entity Name
LYNDON WEISSER PROPERTIES, INC.



Principal Place of Business
10261 E. BAY HARBOR DRIVE,
SUITE 1100
BAY HARBOR, FL 33154

Mailing Address
10261 E BAY HARBOR DRIVE
SUITE 1100
BAY HARBOR, FL 33154

60044091



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05132008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
41-2144325

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSEN, RICHARD
10261 E. BAY HARBOR DRIVE
SUITE 1100
BAY HARBOR, FL 33154

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WEISSER, LYNDON
STREET ADDRESS 10261 E. BAY HARBOR DRIVE, SUITE 1100
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME OLSEN, RICHARD
STREET ADDRESS 10261 E. BAY DRIVE, SUITE 1100
CITY-ST-ZIP BAY HARBOR, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/08

Date

(305) 761-3434

Daytime Phone #