

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49891

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC9133926489**

**Entity Name:** LYNDON ARMS ASSOCIATION, INC.

**Current Principal Place of Business:**

200 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

200 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

**FEI Number:** 65-0365125

**Certificate of Status Desired:** No

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

SUMMERFIELD, DEAN  
200 ANDREWS AVE.  
DEL RAY BEACH, FL 33483 US

*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:** DEAN SUMMERFIELD

04/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SUMMERFIELD, DEAN  
Address 200 ANDREWS AVE  
City-State-Zip: DELRAY BEACH FL 33483

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

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

Title D  
Name PERRONE, FRANK  
Address 200 ANDREWS AVE #3  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name CLORE, LEE  
Address 200 ANDREW AVE  
City-State-Zip: DELRAY BEACH FL 33483

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEAN SUMMERFIELD

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04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date