

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# 707746

Entity Name: LINCOLN PLAZA CONDOMINIUM, INC.

Current Principal Place of Business:

1400 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1400 LINCOLN ROAD #503
MIAMI BEACH, FL 331392190

New Mailing Address:

FEI Number: 59-1140434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REY, OSCAR O CPA
1400 LINCOLN ROAD #503
MIAMI BEACH, FL 331392190 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: P () Delete
Name: LONGORIA, AMADA
Address: 1400 LINCOLN RD #506
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: SPAGNOLA, ROBERT
Address: 1400 LINCOLN RD #605
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: PALATNICK, ALICE
Address: 1400 LINCOLN RD #505
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: MULLOY, JOHN
Address: 1400 LINCOLN RD #502
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: COS, JORGE
Address: 1400 LINCOLN RD #606
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ISUSI, JC
Address: 1400 LINCOLN RD #405
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: AMADA LONGORIA

Electronic Signature of Signing Officer or Director

DIR

03/20/2009

Date