

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716057

FILED
Jan 22, 2009
Secretary of State

Entity Name: LINCOLN PALACE CONDOMINIUM, INC.

Current Principal Place of Business:

1658 BAY ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 191904
MIAMI BEACH, FL 33119

New Mailing Address:

P.O. BOX 190901
MIAMI BEACH, FL 33119

FEI Number: 59-1310530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, WALTER B
1658 BAY RD.
APT. 505
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

HERNANDEZ, CARLOS
C/O LE SOLEIL MANAGEMENT, LLC
66 WEST FLAGLER STREET #1002
MIAMI BEACH, FL 33130 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: CARLOS HERNANDEZ

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEST, WALTER B
Address: 1658 BAY RD., #505
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Delete
Name: ROSENKRANTZ, MARK
Address: 1658 BAY RD., #604
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD (X) Delete
Name: JOHNSON, REBECCA
Address: 1658 BAY RD., #204
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Delete
Name: LINKOUS, MARIA
Address: 1658 BAY RD., #606
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: VELLA, JOSEPHINE
Address: 1658 BAY ROAD, #304
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: VIGEANT, BEN
Address: 1658 BAY ROAD, #602
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, CARLOS
Address: P.O. BOX 190901
City-St-Zip: MIAMI BEACH, FL 33119

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: CARLOS HERNANDEZ

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date