

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717873 (4)

1. Corporation Name

LINCOLN BAY TOWERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O SUMMIT PROPERTY MGMT INC.
P.O. BOX 189013
PLANTATION FL 33318

C/O SUMMIT PROPERTY MGMT INC.
P.O. BOX 189013
PLANTATION FL 33318

3. Date Incorporated or Qualified
01/13/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1283008

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MANAGEMENT
6289 W. SUNRISE BLVD.
SUITE 202
SUNRISE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~BO~~ ☒ DELETE
NAME SHAPIRO, GECHELIA W.
STREET ADDRESS 1450 LINCOLN RD #909
CITY-ST-ZIP MIAMI BCH, FLORIDA 00000

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Jon Weissberg
1.3 STREET ADDRESS 1450 Lincoln Rd., #306
1.4 CITY-ST-ZIP Miami Beh, FL

TITLE VD ☐ DELETE
NAME STROIA, RONALD
STREET ADDRESS 1450 LINCOLN RD #301
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~BO~~ ☐ DELETE
NAME FLEDERMAN, FLORENCE
STREET ADDRESS 1450 LINCOLN RD #1009
CITY-ST-ZIP MIAMI BCH, FL 00000

3.1 TITLE S/O ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME KOCH, NELLIE
STREET ADDRESS 1450 LINCOLN RD #705
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~ATO~~ ☒ DELETE
NAME RAMOS, MARIE
STREET ADDRESS 1450 LINCOLN RD 600
CITY-ST-ZIP MIAMI BCH FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Pedro Villa
5.3 STREET ADDRESS 1450 Lincoln Rd., #1001
5.4 CITY-ST-ZIP Miami Beh, FL

TITLE PD ☐ DELETE
NAME SUSSMAN, FRANCES
STREET ADDRESS 1450 LINCOLN RD. #410
CITY-ST-ZIP MIAMI BCH. FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29 1996

Date

Daytime Phone #

CR2E037 (12/95)