

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717873** (4)

1. Corporation Name

**LINCOLN BAY TOWERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O SUMMIT PROPERTY MGMT INC. P.O. BOX 189013 PLANTATION FL 33318</b>	Mailing Address <b>C/O SUMMIT PROPERTY MGMT INC. P.O. BOX 189013 PLANTATION FL 33318-9013</b>
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3. Date Incorporated or Qualified <b>01/13/1970</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1283008</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent

**SUMMIT PROPERTY MANAGEMENT  
6200 W. SUNRISE BLVD.  
SUITE 202  
SUNRISE FL 33319**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**4450 W. Sunrise Blvd.**  
**83** Suite C-100  
**84** City  
**Plantation** **FL** **85** Zip Code  
**33313**

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 *Gail H. Sangunett* **Gail H. Sangunett, V.P. - Administration 4/8/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISSBERG, JON</b>	
STREET ADDRESS	<b>1450 LINCOLN RD #306</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FLORIDA 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>STROIA, RONALD</b>	
STREET ADDRESS	<b>1450 LINCOLN RD #301</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLEDERMAN, FLORENCE</b>	
STREET ADDRESS	<b>1450 LINCOLN RD #1009</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KOCH, NELLIE</b>	
STREET ADDRESS	<b>1450 LINCOLN RD #705</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VILLA, PEDRO</b>	
STREET ADDRESS	<b>1450 LINCOLN RD #1001</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUSSMAN, FRANCES</b>	
STREET ADDRESS	<b>1450 LINCOLN RD. #410</b>	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Julie Pearl</b>
3.3 STREET ADDRESS	<b>1450 Lincoln Rd #308</b>
3.4 CITY-ST-ZIP	<b>MIAMI BCH, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frances Susman* **FRANCES SUSSMAN 4/2/97 305-672-6931**

CR2E037 (9/96)