

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717873

1. Entity Name

LINCOLN BAY TOWERS ASSOCIATION, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90029 004 ****61.25

0022825

Principal Place of Business 1450 LINCOLN ROAD MIAMI BEACH FL 33139 US	Mailing Address 1450 LINCOLN ROAD MIAMI BEACH FL 33139 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address % PHOENIX MANAGEMENT Suite, Apt. #, etc. 541 S STATE ROAD #12
City & State MARGATE FL	City & State FL
Zip 33068	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1283008	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUSSMAN, FRANCES 1450 LINCOLN ROAD #410 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSBERG, JON 1450 LINCOLN RD #306 MIAMI BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILA, PEDRO 1450 LINCOLN RD 1001 MIAMI BEACH FL 33199 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARAH, LENETT M 1450 LINCOLN RD #406 MIAMI BCH FL 33199 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, ELIZABETH 1450 LINCOLN RD 506 MIAMI BEACH FL 33199 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELKEON, BELKISS 1450 LINCOLN ROAD #601 MIAMI BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSSMAN, FRANCES 1450 LINCOLN RD. #410 MIAMI BCH. FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02 934 977 3777

Date

Daytime Phone #

CR2E037 (9/01)