

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90038 024 ****61.25

DOCUMENT # 717873 1. Entity Name LINCOLN BAY TOWERS ASSOCIATION, INC.					
Principal Place of Business 1450 LINCOLN ROAD MIAMI BEACH, FL 33139 US			Mailing Address METRO MANAGEMENT 5051 S STATE RD 7, #505 FORT LAUDERDALE, FL 33314 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1283008	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
METRO MANAGEMENT INC 5051 S STATE RD 7, SUITE 505 FORT LAUDERDALE, FL 33314				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME	RIPPEY, DAVID		NAME	Dr. Elizabeth Rubin	
STREET ADDRESS	1450 LINCOLN RD # 906		STREET ADDRESS	1450 Lincoln Rd 506	
CITY-ST-ZIP	MIAMI, FL 33199		CITY-ST-ZIP	Miami, FL 33139	
TITLE	VD	☒ Delete	TITLE	Secretary	☐ Change ☒ Addition
NAME	VILA, PEDRO		NAME	Arthur Marcos	
STREET ADDRESS	1450 LINCOLN RD 1001		STREET ADDRESS	1450 Lincoln Rd #806	
CITY-ST-ZIP	MIAMI BEACH, FL 33199		CITY-ST-ZIP	Miami, FL 33139	
TITLE	SD	☒ Delete	TITLE	Treasurer	☐ Change ☒ Addition
NAME	LIMOGE, DIANA		NAME	Bob Dukes	
STREET ADDRESS	1450 LINCOLN RD. 908		STREET ADDRESS	1450 Lincoln Rd #603	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33139	
TITLE	D	☒ Delete	TITLE	Director	☐ Change ☐ Addition
NAME	MELIKEON, BELKISS		NAME	Karen Brown	
STREET ADDRESS	1450 LINCOLN ROAD #601		STREET ADDRESS	1450 Lincoln Rd #310	
CITY-ST-ZIP	MIAMI BCH, FL		CITY-ST-ZIP	Miami, FL 33139	
TITLE	PD	☐ Delete	TITLE	Vice President	☐ Change ☐ Addition
NAME	SUSSMAN, FRANCES		NAME		
STREET ADDRESS	1450 LINCOLN RD. #410		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH., FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	LENNETT, SARA		NAME	Lennett, Sarah	
STREET ADDRESS	1450 LINCOLN RD. 406		STREET ADDRESS	1450 Lincoln Rd 406	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33139	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Elizabeth B. Rubin</i>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					