

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 # N05375 (3)
1. Corporation Name
LINCOLN SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **212 LINCOLN CT. POMPANO BEACH FL 33073**
Mailing Address: **212 LINCOLN CT. POMPANO BEACH FL 33073**

3. Date Incorporated or Qualified: **09/27/1984**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-2501040**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
FALCONE, NICK A
408 LINCOLN CT.
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FALCONE, NICK A.	
STREET ADDRESS	408 LINCOLN CT.	
CITY-ST-ZIP	POMPANO BCH. FL 33073	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GEHRINGER, CHARLES	
STREET ADDRESS	107 LINCOLN ST.	
CITY-ST-ZIP	POMPANO BCH. FL 33073	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IGOE, PAULINE	
STREET ADDRESS	602 LINCOLN CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CURRAN, BILL	
STREET ADDRESS	2644 S.W. 14TH CT.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUIDARELLI, SHIRLEY	
STREET ADDRESS	308 LINCOLN CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE		<input type="checkbox"/> DELETE
NAME	Gloria Kovatsis, Spunders	
STREET ADDRESS	612 Lincoln Court	
CITY-ST-ZIP	Pompano Beach, FL 33073	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria Kovatsis SAU Wdeas	
1.3 STREET ADDRESS	612 LINCOLN CT.	
1.4 CITY-ST-ZIP	Pompano Bch, FL 33073	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: *Nick A. Falcone* **Nick A. Falcone** **3-18-96** **954-566-0266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)