


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90312 048 ****61.25

DOCUMENT # N05375							
1. Entity Name LINCOLN SQUARE CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 212 LINCOLN CT. DEERFIELD BEACH, FL 33442-9111			Mailing Address 212 LINCOLN CT. DEERFIELD BEACH, FL 33442-9111				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2501040			
Zip		Country		Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FALCONE, NICK A 408 LINCOLN CT. DEERFIELD BEACH, FL 33442-9111			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FALCONE, NICK A		NAME				
STREET ADDRESS	408 LINCOLN CT.		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CHRISTENSEN, BRUCE		NAME				
STREET ADDRESS	404 LINCOLN CT		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CONBOY, MARY L		NAME				
STREET ADDRESS	403 LINCOLN CT		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP				
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ISSACS, JOYCE		NAME				
STREET ADDRESS	507 LINCOLN CT		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: _____		Date: 4/25/2004		Daytime Phone #: 954-421-1619			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

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04212004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2501040 Applied For Not Applicable

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

Filing Fee Is \$61.25 Due by May 1, 2004

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		
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STREET ADDRESS	408 LINCOLN CT.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, BRUCE	
STREET ADDRESS	404 LINCOLN CT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CONBOY, MARY L	
STREET ADDRESS	403 LINCOLN CT	
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR