


FILED
Feb 16, 2005 8:00 am
Secretary of State

01-12-2005 90016 048 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05375
 1. Entity Name
LINCOLN SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
212 LINCOLN CT. **212 LINCOLN CT.**
DEERFIELD BEACH, FL 33442-9111 **DEERFIELD BEACH, FL 33442-9111**

66002053



01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2501040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALCONE, NICK A
408 LINCOLN CT.
DEERFIELD BEACH, FL 33442-9111

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nick A. Falcone* *[Signature]* **01/06/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25** 9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
Due by May 1, 2005

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FALCONE, NICK A
STREET ADDRESS	408 LINCOLN CT.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	CHRISTENSEN, BRUCE
STREET ADDRESS	404 LINCOLN CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	ST
NAME	CONBOY, MARY L
STREET ADDRESS	403 LINCOLN CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	2VP
NAME	ISSACS, JOYCE
STREET ADDRESS	507 LINCOLN CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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]* **2/11/2005** **954-421-1619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #