


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 06, 2007 8:00 am  
Secretary of State

03-19-2007 90075 038 \*\*\*\*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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2501040		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAS MANAGEMENT 951 BROKEN SOUND PKY #250 BOCA RATON, FL 33487		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	VPID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETTA, CAROL	NAME	Sue Ann Minister
STREET ADDRESS	203 LINCOLN COURT	STREET ADDRESS	610 LINCOLN COURT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VPID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSS, KEN N	NAME	Aurora Task
STREET ADDRESS	607 LINCOLN COURT	STREET ADDRESS	205 LINCOLN CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISSACS, JOYCE	NAME	Bill Brock
STREET ADDRESS	507 LINCOLN COURT	STREET ADDRESS	403 LINCOLN CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	President / D <input type="checkbox"/> Delete	TITLE	President Kenneth Neischloss <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN Neischloss	NAME	Kenneth Neischloss
STREET ADDRESS	Deerfield Beach FL 33442	STREET ADDRESS	607 LINCOLN COURT
CITY-ST-ZIP		CITY-ST-ZIP	Deerfield Beach FL 33442
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 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 entries.			
SIGNATURE: <i>Kenneth Neischloss Pres</i>		Date: 3-13-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>			