
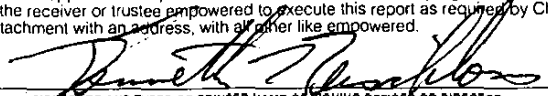


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90037 045 \*\*\*\*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 # C.A.S. REALTY MANAGEMENT, LLC 1901 S. Congress Avenue Suite 480 Boynton Beach, FL 33426		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
Z. . . . . Country		4. FEI Number 59-2501040	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAS MANAGEMENT 951 BROKEN SOUND PKY #250 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: C.A.S. REALTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable): 1901 S. CONGRESS AVE, STE 480 City: BOYNTON BEACH FL Zip Code: 33426	
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 reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	TD, BARRETTA, CAROL 203 LINCOLN COURT DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MINISTER, SUSANN 610 LINCOLN CT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TASAK, AURORA 205 LINCOLN CT DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROCK, BILL 403 LINCOLN CT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, NEISCHLOSS, KENNETH 607 LINCOLN CT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3-21-08 Daytime Phone #: 954-429-864	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT # 40053780  
105375  
**LINCOLN SQUARE**  
CONDOMINIUM ASSOCIATION, INC.  
**JANUARY 2008**

**Ken Neischloss**  
1901 S. Congress Ave., Suite 480  
Boynton Beach, FL 33426

**PRESIDENT**

*correct*  
(last name  
spelling)

**Sue Ann Minister**  
1901 S. Congress Ave., Suite 480  
Boynton Beach, FL 33426

**VICE PRESIDENT**

(Correct  
first name  
spelling)

**Bill Brock**  
1901 S. Congress Ave., Suite 480  
Boynton Beach, FL 33426

**TREASURER**

(change)

**Joyce Isaacs**  
1901 S. Congress Ave., Suite 480  
Boynton Beach, FL 33426

**SECRETARY**

(add)