

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000014475 (4)**  
 1. Corporation Name  
**THE LINCOLN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4731 PINETREE DRIVE MIAMI BEACH FL 33140</b>	Mailing Address <b>1497 CHAIN BRIDGE RD 305 MCLEAN VA 22101 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>02/20/1995</b>	
4. FEI Number <b>65-0574469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GRAY, ROBERT K  
 4731 PINETREE DR  
 MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name <b>Steve Leifman</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>1614 Pennsylvania Av. #2I</b>		
83		
84 City <b>Miami Beach</b>	85 State <b>FL</b>	86 Zip Code <b>33139</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Steve Leifman* (Signature of Registered Agent)  
 DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRAY, ROBERT K</b>		1.2 NAME <b>Steve Leifman</b>	
STREET ADDRESS <b>4731 PINETREE DRIVE</b>		1.3 STREET ADDRESS <b>1614 Pennsylvania #2I</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		1.4 CITY-ST-ZIP <b>Miami Beach, FL 33139</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DOYLE, FRANK</b>		2.2 NAME <b>Sheldon Schwartz</b>	
STREET ADDRESS <b>945 ARTHUR GODFREY ROAD STE. 102</b>		2.3 STREET ADDRESS <b>1614 Pennsylvania #2E</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		2.4 CITY-ST-ZIP <b>Miami Beach, FL 33139</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BALZI, MARK</b>		3.2 NAME <b>Corey Hill</b>	
STREET ADDRESS <b>1500 BAY ROAD STE. 985</b>		3.3 STREET ADDRESS <b>1614 Pennsylvania #2J</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>		3.4 CITY-ST-ZIP <b>Miami Beach, FL 33139</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Leifman* (Signature of Registered Agent)  
 DATE: **5/6/98**  
 TELEPHONE: **305/636-2359**

CR2E034 (10/97)