


**FILED**  
**Mar 27, 2006 08:00**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P95000014475</b>	
1. Entity Name THE LINCOLN CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1614 PENNSYLVANIA AVE MIAMI BEACH, FL 33139-7781	Mailing Address 1614 PENNSYLVANIA AVENUE, 2A MIAMI BEACH, FL 33139
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03162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEPLITSKY, GARY  
 1614 PENNSYLVANIA AVE  
 2A  
 MIAMI BEACH, FL 33139-7781

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TELITSKY, GARY
STREET ADDRESS	1614 PENNSYLVANIA AVE. #2A
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	HOEFER, GEOFFREY
STREET ADDRESS	1614 PENNSYLVANIA AVE. #2B
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	MESA, NOREI
STREET ADDRESS	1614 PENNSYLVANIA AVENUE # 1F
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/11/06-80076-002 158.75

**DO NOT WRITE IN THIS SPACE**

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 607, 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: G. P. Hoefel GEOFFREY HOEFEL 3-23-06 917 687 8302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #