

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717873 (4)

1. Corporation Name

LINCOLN BAY TOWERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O SUMMIT PROPERTY MGMT INC.
P.O. BOX 189013
PLANTATION FL 33318**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/13/1970** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-1283008** Applied For / Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SUMMIT PROPERTY MANAGEMENT
6289 W. SUNRISE BLVD.
SUITE 202
SUNRISE FL 33313**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOPIRO, CECELIA W.	1.2 NAME	
STREET ADDRESS	1450 LINCOLN ROAD #909	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH, FLORIDA 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROIA, RONALD	2.2 NAME	
STREET ADDRESS	1450 LINCOLN RD #301	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEDERMAN, FLORENCE	3.2 NAME	
STREET ADDRESS	1450 LINCOLN RD #1009	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, NELLIE	4.2 NAME	
STREET ADDRESS	1450 LINCOLN RD #705	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, HELEN	5.2 NAME	
STREET ADDRESS	1450 LINCOLN RD #888	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, FRANCES	6.2 NAME	
STREET ADDRESS	1450 LINCOLN RD. #410	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH. FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances Susman Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR