

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

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMIT PROPERTY MANAGEMENT
6289 W. SUNRISE BLVD.
SUITE 202
SUNRISE FL 33313**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SHOPIRO, CECELIA W.**
STREET ADDRESS **1450 LINCOLN ROAD #909**
CITY - ST - ZIP **MIAMI BCH, FLORIDA 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD**
NAME **STROIA, RONALD**
STREET ADDRESS **1450 LINCOLN RD #301**
CITY - ST - ZIP **MIAMI BEACH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **~~SD~~**
NAME **FLEDERMAN, FLORENCE**
STREET ADDRESS **1450 LINCOLN RD #1009**
CITY - ST - ZIP **MIAMI BCH, FL 00000**

3.1 TITLE **D** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **KOCH, NELLIE**
STREET ADDRESS **1450 LINCOLN RD #705**
CITY - ST - ZIP **MIAMI BEACH FL**

4.1 TITLE **T/D** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **~~D~~**
NAME **~~DUKE, HELEN~~**
STREET ADDRESS **~~1450 LINCOLN RD #888~~**
CITY - ST - ZIP **~~MIAMI BCH FL~~**

5.1 TITLE **A/T/D** Change Addition
5.2 NAME **Maria Ramos**
5.3 STREET ADDRESS **1450 Lincoln Rd., #609**
5.4 CITY - ST - ZIP **Miami Beach**

TITLE **PD**
NAME **SUSSMAN, FRANCES**
STREET ADDRESS **1450 LINCOLN RD. #410**
CITY - ST - ZIP **MIAMI BCH. FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #