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 APR 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004574 (0)**

1. Corporation Name

LINCOLN ROAD VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
1605 LENOX AVE. SUITE 3A MIAMI BEACH FL 33139	1605 LENOX AVE. SUITE 3A MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0474814 ☐ 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 1605 Lenox Avenue	26 1605 LENOX AVENUE
Suite, Apt. #, etc. 22 APT. 2	Suite, Apt. #, etc. 27 APT 12
City & State 23 Miami Beach Florida	City & State 28 MIAMI BEACH FLORIDA
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

9. Name and Address of Current Registered Agent

GALE, ANDREW
1605 LENOX AVE.
SUITE 3A
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

61 Name: TREICHLER, ANDREW
62 Street Address (P.O. Box Number is Not Acceptable): 1605 LENOX AVENUE
63 #2
64 City: MIAMI BEACH FL 65 Zip Code: 33139

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 X _____ 4/4/95
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	DPS	11 TITLE	P/D	☒ Change ☐ Addition
NAME	GALE, ANDREW	12 NAME	GALE, ANDREW	
STREET ADDRESS	1605 LENOX AVE., SUITE 3A	13 STREET ADDRESS	1605 LENOX AVE, SUITE 15	
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DV	21 TITLE	VID	☒ Change ☐ Addition
NAME	GALE, MARILYN	22 NAME	TREICHLER, ANDREW	
STREET ADDRESS	1605 LENOX AVE., SUITE 3A	23 STREET ADDRESS	1605 LENOX AVE, SUITE 2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DT	31 TITLE	STD	☒ Change ☐ Addition
NAME	GALE, ROBERTA	32 NAME	TAGRI, MARSHA	
STREET ADDRESS	1605 LENOX AVE., SUITE 3A	33 STREET ADDRESS	1605 LENOX AVE, SUITE 8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	34 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew Gale, President 4/04/95 305 673 1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007855