

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717873 (4)  
1. Corporation Name

LINCOLN BAY TOWERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 01/13/1970  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
4. FEI Number: 59-1283008  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <del>D</del>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHOPIRO, GECELIA W.		1.2 NAME: Jon Weissberg	
STREET ADDRESS: 1450 LINCOLN ROAD #909		1.3 STREET ADDRESS: 1450 Lincoln Rd., #306	
CITY-ST-ZIP: MIAMI BCH, FLORIDA 00000		1.4 CITY-ST-ZIP: Miami Beh, FL	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: S/O	<input checked="" 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: <del>D</del>	<input type="checkbox"/> DELETE	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: TD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input 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: <del>ATD</del>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RAMOS, MARIE		5.2 NAME: Pedro Villa	
STREET ADDRESS: 1450 LINCOLN RD 600		5.3 STREET ADDRESS: 1450 Lincoln Rd., #1001	
CITY-ST-ZIP: MIAMI BCH FL		5.4 CITY-ST-ZIP: Miami Beh, FL	
TITLE: PD	<input type="checkbox"/> DELETE	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 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: *James Sussman* Date: March 29 1996 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)