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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
C/O SUMMIT PROPERTY MGMT INC. C/O SUMMIT PROPERTY MGMT INC.  
P.O. BOX 189013 P.O. BOX 189013  
PLANTATION FL 33318 PLANTATION FL 33318-9013

3. Date Incorporated or Qualified 01/13/1970 3a. Date of Last Report 05/01/1996  
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  
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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
SUMMIT PROPERTY MANAGEMENT  
6200 W. SUNRISE BLVD.  
SUITE 202  
SUNRISE FL 33319

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
4450 W. Sunrise Blvd.  
83 Suite C-100  
84 City Plantation FL 85 Zip Code 33313

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 4/8/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISSBERG, JON	
STREET ADDRESS	1450 LINCOLN RD #306	
CITY-ST-ZIP	MIAMI BCH, FLORIDA 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STROIA, RONALD	
STREET ADDRESS	1450 LINCOLN RD #301	
CITY-ST-ZIP	MIAMI BEACH FL.	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FLEDERMAN, FLORENCE	
STREET ADDRESS	1450 LINCOLN RD #1009	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KOCH, NELLIE	
STREET ADDRESS	1450 LINCOLN RD #705	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLA, PEDRO	
STREET ADDRESS	1450 LINCOLN RD #1001	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUSSMAN, FRANCES	
STREET ADDRESS	1450 LINCOLN RD. #410	
CITY-ST-ZIP	MIAMI BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Julie Pearl
3.3 STREET ADDRESS	1450 Lincoln Rd #308
3.4 CITY-ST-ZIP	Miami Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frances Susman* FRANCES SUSSMAN 4/2/97 305-672-6931

CR2E037 (9/96)