


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
~~670 SUMMIT PROPERTY MGMT INC.~~
P.O. BOX 103010 PLANTATION FL 33310
~~670 SUMMIT PROPERTY MGMT INC.~~
P.O. BOX 103010 PLANTATION FL 33310

3. Date Incorporated or Qualified
01/13/1970

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 1450 Lincoln Road
Sulte, Apt. #, etc.

2a. Mailing Address
26 1450 Lincoln Road
Sulte, Apt. #, etc.

City & State
23 Miami Beach, Florida
39139 Country USA

27 City & State
28 Miami Beach, Florida
Zip 33139 Country USA

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT
4450 W. SUNRISE BLVD.
STE C-100
PLANTATION FL 33310

10. Name and Address of New Registered Agent

81 Name
Ms. Frances Sussman, President

82 Street Address (P.O. Box Number is Not Acceptable)
1450 Lincoln Road

83 #410

84 City Miami Beach FL 85 Zip Code 33139

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 *Frances Sussman* Frances Sussman 2/4/98 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WEISSBERG, JON | |
| STREET ADDRESS | 1450 LINCOLN RD #308 | |
| 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 | DS | <input type="checkbox"/> DELETE |
| NAME | PEARL, JULIE | |
| STREET ADDRESS | 1450 LINCOLN RD. #308 | |
| 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 checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | Meli Keon, Belkiss |
| 5.3 STREET ADDRESS | 1450 Lincoln Rd. #601 |
| 5.4 CITY-ST-ZIP | Miami Beach, FL |
| 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 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 Sussman* Frances Sussman, President 2/4/98 (305) 672-6931

CR2E037 (10/97)