

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717873** (4)

LINCOLN BAY TOWERS ASSOCIATION, INC.



Principal Place of Business <del>670 SUMMIT PROPERTY MGMT INC.</del> <del>P.O. BOX 103010</del> <del>PLANTATION FL 33310</del>	Mailing Address <del>670 SUMMIT PROPERTY MGMT INC.</del> <del>P.O. BOX 103010</del> <del>PLANTATION FL 33310</del>
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3. Date Incorporated or Qualified <b>01/13/1970</b>	4. FEI Number <b>59-1283008</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> 1450 Lincoln Road Suite, Apt. #, etc. City & State <b>23</b> Miami Beach, Florida Zip <b>24</b> 33139 Country <b>25</b> USA	2a. Mailing Address <b>26</b> 1450 Lincoln Road Suite, Apt. #, etc. City & State <b>28</b> Miami Beach, Florida Zip <b>29</b> 33139 Country <b>30</b> USA
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <del>SUMMIT PROPERTY MANAGEMENT</del> <del>4450 W. SUNRISE BLVD.</del> <del>STE C-100</del> <del>PLANTATION FL 33310</del>	
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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
85 Zip Code 33139	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 *Frances Sussman* **Frances Sussman** **2/4/98** DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b> WEISSBERG, JON
STREET ADDRESS	1450 LINCOLN RD #308
CITY-ST-ZIP	MIAMI BCH, FLORIDA 00000
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD</b> STROIA, RONALD
STREET ADDRESS	1450 LINCOLN RD #301
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DS</b> PEARL, JULIE
STREET ADDRESS	1450 LINCOLN RD. #308
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD</b> KOCH, NELLIE
STREET ADDRESS	1450 LINCOLN RD #705
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D</b> VILLA, PEDRO
STREET ADDRESS	1450 LINCOLN RD #1001
CITY-ST-ZIP	MIAMI BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD</b> 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	<b>D</b> Melikeon, 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)