

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004574 (0)**

1. Corporation Name

LINCOLN ROAD VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**1605 LENOX AVE.
APT #2
MIAMI BEACH FL 33139
US**

**1605 LENOX AVENUE
APT 12
MIAMI BEACH FL 33139
US**

3. Date Incorporated or Qualified

10/04/1993

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. 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

2a. Mailing Address

21 1605 LENOX AVE.

26 Suite, Apt. #, etc.

22 APT 12

27 City & State

23 MIAMI BEACH, FL.

28 City & State

24 33139 **25 Country**

29 Zip **30 Country**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLD, JULIET
1605 LENOX AVENUE
UNIT 5
MIAMI BEACH FL 33139**

81 Name

FRANK CLAECHEA

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

1601 LENOX AVENUE

83

UNIT #3

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD GOLD, JULIET**
STREET ADDRESS **1605 LENOX AVENUE UNIT #5**
CITY-ST-ZIP **MIAMI BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD DAVIS, CYNTHIA**
STREET ADDRESS **1605 LENOX AVENUE UNIT #7**
CITY-ST-ZIP **MIAMI BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD CLAECHEA, FRANK**
STREET ADDRESS **1605 LENOX AVE. STE. 8**
CITY-ST-ZIP **MIAMI BEACH FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **STD CLAECHEA, FRANK**
3.3 STREET ADDRESS **1601 LENOX AVENUE UNIT #3**
3.4 CITY-ST-ZIP **MIAMI BEACH, FL.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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:

[Signature]

4/29/98 (305) 373-0000

DATE

Daytime Phone #

0027481

CR2E037 (10/97)