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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004574

1. Corporation Name

LINCOLN ROAD VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**1605 LENOX AVE
STE 12
MIAMI FL 33139
US**

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/04/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0474814
City & State	City & State	Applied For
23	28	<input checked="" type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**OLAECHEA, FRANK
1601 LENOX AVE
STE 3
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GOLD, JULIET	1.2 NAME	TABRI, MARCIA
STREET ADDRESS	1605 LENOX AVENUE UNIT #5	1.3 STREET ADDRESS	1605 LENOX AVENUE UNIT #8
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	VD	2.1 TITLE	VD
NAME	DAVIS, CYNTHIA	2.2 NAME	HEASHMAN, JUSTINE
STREET ADDRESS	1605 LENOX AVENUE UNIT #7	2.3 STREET ADDRESS	1601 LENOX AVENUE UNIT #6
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	STD	3.1 TITLE	
NAME	OLAECHEA, FRANK	3.2 NAME	
STREET ADDRESS	1601 LENOX AVE UNIT 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

7 ~~SIGNATURE REQUIRED~~ **FRANK OLAECHEA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/99
Date

(305) 373-0000
Daytime Phone #

CR2E037 (11/98)