


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90012 030 ****61.25

0027698

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

DOCUMENT # 717873

1. Corporation Name
LINCOLN BAY TOWERS ASSOCIATION, INC.

Principal Place of Business 1450 LINCOLN ROAD MIAMI BEACH FL 33139 US	Mailing Address 1450 LINCOLN ROAD MIAMI BEACH FL 33139 US
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/13/1970	4. FEI Number 59-1283008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent SUSSMAN, FRANCES 1450 LINCOLN ROAD #410 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 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSBERG, JON	1.2 NAME	
STREET ADDRESS	1450 LINCOLN RD #306	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FLORIDA 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROIA, RONALD	2.2 NAME	
STREET ADDRESS	1450 LINCOLN RD #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARL, JULIE	3.2 NAME	T/D Lenett, Sarah M.
STREET ADDRESS	1450 LINCOLN RD. #308	3.3 STREET ADDRESS	1450 Lincoln Rd #406
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	Miami Bch, FL 33199
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, NELLIE	4.2 NAME	S/D Rivadeneira, Patricia
STREET ADDRESS	1450 LINCOLN RD #705	4.3 STREET ADDRESS	1450 Lincoln Rd #807
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Bch, FL 33139
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELIKEON, BELKISS	5.2 NAME	
STREET ADDRESS	1450 LINCOLN ROAD #601	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, FRANCES	6.2 NAME	
STREET ADDRESS	1450 LINCOLN RD. #410	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	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: _____ SIGNATURE REQUIRED _____ Date: March 22 1999 _____ Daytime Phone # _____

CR25037 (11/98)