

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90008 050 ****61.25

DOCUMENT # 717873

1. Entity Name

LINCOLN BAY TOWERS ASSOCIATION, INC.

LA

Principal Place of Business

1450 LINCOLN ROAD
 MIAMI BEACH FL 33139
 US

Mailing Address

1450 LINCOLN ROAD
 MIAMI BEACH FL 33139
 US

ADD 12001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1283008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSSMAN, FRANCES
 1450 LINCOLN ROAD
 #410
 MIAMI BEACH FL 33139

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WEISSBERG, JON	
STREET ADDRESS	1450 LINCOLN RD #306	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILA, PEDRO	
STREET ADDRESS	1450 LINCOLN RD 1001	
CITY-ST-ZIP	MIAMI BEACH FL 33199	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SARAH, LENETT M	
STREET ADDRESS	1450 LINCOLN RD #406	
CITY-ST-ZIP	MIAMI BCH FL 33199	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUBIN, ELIZABETH	
STREET ADDRESS	1450 LINCOLN RD 506	
CITY-ST-ZIP	MIAMI BEACH FL 33199	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELIKEON, BELKISS	
STREET ADDRESS	1450 LINCOLN ROAD #601	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA LIMOGGE - CLAS	
STREET ADDRESS	1450 LINCOLN RD #408	
CITY-ST-ZIP	MIAMI BEACH FL 33199	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 7-2001
 DATE

Device Phone #