

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90027 010 \*\*\*\*61.25

**DOCUMENT # 717873**  
1. Entity Name  
**LINCOLN BAY TOWERS ASSOCIATION, INC.**



Principal Place of Business: **1450 LINCOLN ROAD, MIAMI BEACH FL 33139 US**  
Mailing Address: **% PHOENIX MANAGEMENT, 4780 N ST RD 7 # E 250, LAUDERDALE LAKES FL 33319 US**

94021441



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State

4. FEI Number: **59-1283008**  
**NO-T APPLICABLE**  
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  
**SUSSMAN, FRANCES**  
**1450 LINCOLN ROAD**  
**#410**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *James Susara* (NOTE: Registered Agent signature required when reinstating)  
DATE: **2/14/04**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	RIPPEY, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS		1450 LINCOLN RD # 906	
CITY-ST-ZIP		MIAMI FL 33199	
TITLE	<b>VD</b>	VILA, PEDRO	<input type="checkbox"/> Delete
STREET ADDRESS		1450 LINCOLN RD 1001	
CITY-ST-ZIP		MIAMI BEACH FL 33199	
TITLE	<b>SD</b>	RUBIN, ELIZABETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		1450 LINCOLN RD 506	
CITY-ST-ZIP		MIAMI BEACH FL 33199	
TITLE	<b>D</b>	MELIKEON, BELKISS	<input type="checkbox"/> Delete
STREET ADDRESS		1450 LINCOLN ROAD #601	
CITY-ST-ZIP		MIAMI BCH FL	
TITLE	<b>PD</b>	SUSSMAN, FRANCES	<input type="checkbox"/> Delete
STREET ADDRESS		1450 LINCOLN RD. #410	
CITY-ST-ZIP		MIAMI BCH. FL	
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<b>Sara Lannett</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1450 Lincoln Rd 406	
CITY-ST-ZIP		Miami, FL 33186	
TITLE	<b>SD</b>	<b>Diana Limoge</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1450 Lincoln Rd 908	
CITY-ST-ZIP		Miami, FL 33186	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *James Susara* **2/17/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #