


**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* DATE **2/14/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Sara Lannett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1450 Lincoln Rd 406	
STREET ADDRESS		Miami, FL 33186	
CITY-ST-ZIP			
TITLE	SD	Diana Limoge	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1450 Lincoln Rd 908	
STREET ADDRESS		Miami, FL 33186	
CITY-ST-ZIP			
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: *James Susara* DATE: **2/17/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #