


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N93000004574	
1. Entity 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
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03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0474814	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OLAECHEA, FRANK 1601 LENOX AVE STE 3 MIAMI BEACH, FL 33139
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U000000292738
04/07/05 00002 019 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABRI, MARCIA 1605 LENOX AVENUE, UNIT #8 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ELIZABETH 1605 LENOX AVE., UNIT #1 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLAECHEA, FRANK 1601 LENOX AVE., UNIT #3 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOUKIOS, PETER 1601 LENOX AVE., UNIT #7 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: FRANK OLAECHEA (TD) 3/31/05 (305) 503-6391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #