

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90304 016 ****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

40000000



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
Metro Management
 Suite, Apt. #, etc.
5051 S. State Rd # 505
 City & State
Davie Florida
 Zip Country
33314 Broward

04132005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 SUSSMAN, FRANCES
 1450 LINCOLN ROAD
 #410
 MIAMI BEACH, FL 33139

4. FEI Number
 59-1283008

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
Metro Management Inc
 Street Address (P.O. Box Number is Not Acceptable)
5051 S. State Rd # Suite 505
 City
Davie FL Zip Code
33314

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 *Jerry Woodruff* *J Woodruff* DATE *4/14/05*

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

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

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	<input type="checkbox"/> Delete
NAME	RIPPEY, DAVID	
STREET ADDRESS	1450 LINCOLN RD # 906	
CITY-ST-ZIP	MIAMI, FL 33199	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILA, PEDRO	
STREET ADDRESS	1450 LINCOLN RD 1001	
CITY-ST-ZIP	MIAMI BEACH, FL 33199	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIMOGE, DIANA	
STREET ADDRESS	1450 LINCOLN RD. 908	
CITY-ST-ZIP	MIAMI, FL 33186	
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	D	<input type="checkbox"/> Delete
NAME	LENNETT, SARA	
STREET ADDRESS	1450 LINCOLN RD. 406	
CITY-ST-ZIP	MIAMI, FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Duke	
STREET ADDRESS	1450 Lincoln Rd # 603	
CITY-ST-ZIP	Miami FL 33199	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Marcus	
STREET ADDRESS	1450 Lincoln Rd # 806	
CITY-ST-ZIP	Miami FL 33199	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Rubin	
STREET ADDRESS	1450 Lincoln Rd # 506	
CITY-ST-ZIP	Miami 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]* DATE: *4/13/05* (786) 473-5341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR