


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90038 024 ****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
METRO MANAGEMENT
5051 S STATE RD 7, #505
FORT LAUDERDALE, FL 33314 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03072006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-1283008

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

METRO MANAGEMENT INC
5051 S STATE RD 7, SUITE 505
FORT LAUDERDALE, FL 33314

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

Filing Fee is \$61.25
Due by May 1, 2006

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 checked="" type="checkbox"/> Delete |
| NAME | RIPPEY, DAVID | |
| STREET ADDRESS | 1450 LINCOLN RD # 906 | |
| CITY-ST-ZIP | MIAMI, FL 33199 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | VILA, PEDRO | |
| STREET ADDRESS | 1450 LINCOLN RD 1001 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33199 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | LIMOGUE, DIANA | |
| STREET ADDRESS | 1450 LINCOLN RD. 908 | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | D | <input checked="" 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 | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dr. Elizabeth Rubin | |
| STREET ADDRESS | 1450 Lincoln Rd 506 | |
| CITY-ST-ZIP | Miami FL 33139 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Arthur Marcos | |
| STREET ADDRESS | 1450 Lincoln Rd # 806 | |
| CITY-ST-ZIP | Miami FL 33139 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bob Dukes | |
| STREET ADDRESS | 1450 Lincoln Rd #603 | |
| CITY-ST-ZIP | Miami FL 33139 | |
| TITLE | Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Karen Brown | |
| STREET ADDRESS | 1450 Lincoln Rd # 310 | |
| CITY-ST-ZIP | Miami FL 33139 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lennett, Sarah | |
| STREET ADDRESS | 1450 Lincoln Rd 406 | |
| CITY-ST-ZIP | Miami, FL 33139 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elizabeth B. Rubin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____