


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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1283008	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
METRO MANAGEMENT INC 5051 S STATE RD 7, SUITE 505 FORT LAUDERDALE, FL 33314				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Dr. Elizabeth Rubin</i>	
NAME	RIPPEY, DAVID		NAME	1450 Lincoln Rd 508	
STREET ADDRESS	1450 LINCOLN RD # 906		STREET ADDRESS	Miami, FL 33139	
CITY-ST-ZIP	MIAMI, FL 33199		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Arthur Marcos</i>	
NAME	VILA, PEDRO		NAME	1450 Lincoln Rd # 806	
STREET ADDRESS	1450 LINCOLN RD 1001		STREET ADDRESS	Miami, FL 33139	
CITY-ST-ZIP	MIAMI BEACH, FL 33199		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Bob Dukes</i>	
NAME	LIMOGUE, DIANA		NAME	1450 Lincoln Rd # 603	
STREET ADDRESS	1450 LINCOLN RD. 908		STREET ADDRESS	Miami, FL 33139	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Karen Brown</i>	
NAME	MELIKEON, BELKISS		NAME	1450 Lincoln Rd # 310	
STREET ADDRESS	1450 LINCOLN ROAD #601		STREET ADDRESS	Miami, FL 33139	
CITY-ST-ZIP	MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Vice President</i>	
NAME	SUSSMAN, FRANCES		NAME		
STREET ADDRESS	1450 LINCOLN RD. #410		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH., FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Kennett, Sarah</i>	
NAME	LENNETT, SARA		NAME	1450 Lincoln Rd 406	
STREET ADDRESS	1450 LINCOLN RD. 406		STREET ADDRESS	Miami, FL 33139	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
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: <i>Elizabeth B. Rubin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					