


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90071 046 ****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
GALIANA MANAGEMENT SERVICES, INC.
P.O. Box 453436
Miami, FL 33245-3436

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

01232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1283008

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
METRO MANAGEMENT
5051 S STATE RD 7, SUITE 505
DAVIE, FL 33314

7. Name and Address of New Registered Agent
 Name **GALIANA MANAGEMENT SERVICES, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
801 SW 3RD AVENUE, SUITE 305
 City **MIAMI, FL** Zip Code **33130**

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)

Filing Fee is **\$61.25** Due by **May 1, 2007**

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

Make check payable to **Florida Department of State**

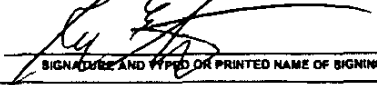
10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, ELEZABETH DR	
STREET ADDRESS	1450 LINCOLN RD, # 506	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARCOS, ARTHUR	
STREET ADDRESS	1450 LINCOLN RD, # 806	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAKES, BOB	
STREET ADDRESS	1450 LINCOLN RD, # 603	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KAREN	
STREET ADDRESS	1450 LINCOLN RD, #310	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUSSMAN, FRANCES	
STREET ADDRESS	1450 LINCOLN RD, #410	
CITY-ST-ZIP	MIAMI BCH., FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LENNETT, SARAH	
STREET ADDRESS	1450 LINCOLN RD, # 406	
CITY-ST-ZIP	MIAMI, FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROIA, RONALD	
STREET ADDRESS	1450 LINCOLN RD #301	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, DANA ALLEN	
STREET ADDRESS	1450 LINCOLN RD #706	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLISH, LOUIS M	
STREET ADDRESS	7 EAST 20TH ST	
CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIPPEY, DAVID	
STREET ADDRESS	1450 LINCOLN RD #906	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, IGNACIO	
STREET ADDRESS	130 East 18th St # 11F	
CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, LINDA	
STREET ADDRESS	1211 ARGUILA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	


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:  **RONALD STROIA, PRESIDENT** 4/19/07 305 532-5057

Signature and typed or printed name of signing officer or director Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (PAGE 2 OF 2)

ATTACHMENT

DOCUMENT # 717873 1. Entity Name LINCOLN BAY TOWERS ASSOCIATION, INC.	
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40104829

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	01232007 Chg-NP CR2E037 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

4. FEI Number 59-1283008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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801 SW 3RD AVENUE, SUITE 305

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Delete <input checked="" type="checkbox"/>	TITLE	D MELIKEAN, BELKISS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	1450 LINCOLN RD # 601
STREET ADDRESS		STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input checked="" type="checkbox"/>	TITLE	D HOLLANDER, SUZANNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	1450 LINCOLN RD # 602
STREET ADDRESS		STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input checked="" type="checkbox"/>	TITLE	D RUBIN BLOCK, EDITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	1450 LINCON RD # 506
STREET ADDRESS		STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input checked="" type="checkbox"/>	TITLE	D DUKE, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	1450 LINCOLN RD #603
STREET ADDRESS		STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input checked="" type="checkbox"/>	TITLE	D MARCUS, ARTHUR J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	1450 LINCOLN RD #806
STREET ADDRESS		STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input checked="" type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE:  **RONALD STROIA, PRESIDENT** 4/19/07 305 532-5057

Date: _____ Davime Phone # _____