

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 037 ****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
541 S STATE ROAD
MARGATE FL 33068
US**



2. Principal Place of Business

Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
90 PHOENIX MANAGEMENT
Suite, Apt. #, etc.
4780 N STATE RD # E250
City & State
LAUDERDALE LKS FL
Zip
33319
Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SUSSMAN, FRANCES
1450 LINCOLN ROAD
#410
MIAMI BEACH FL 33139**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25

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	WEISSBERG, JON	
STREET ADDRESS	1450 LINCOLN RD #306	
CITY-ST-ZIP	MIAMI BCH FL	
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	RUBIN, ELIZABETH	
STREET ADDRESS	1450 LINCOLN RD 506	
CITY-ST-ZIP	MIAMI BEACH FL 33199	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Rippey	
STREET ADDRESS	1450 Lincoln Rd #906	
CITY-ST-ZIP	Miami 71 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		
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 empowerments.

SIGNATURE: _____ **3-10-03**

CR2E037 (10/02)