

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707746

**Entity Name:** LINCOLN PLAZA CONDOMINIUM, INC.

**Current Principal Place of Business:**

1400 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
MIAMI, FL 33265 US

**FEI Number:** 59-1140434

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUEST MANAGEMENT GROUP OF FLORIDA LLC  
2550 NW 72 AVE  
SUITE 316  
MIAMI, FL 33122 US

*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.*

**SIGNATURE:** JORGE GONZALEZ

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COS, JORGE  
Address C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
City-State-Zip: MIAMI FL 33265

Title PRESIDENT  
Name PALATNICK, ALICE  
Address C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
City-State-Zip: MIAMI FL 33265

Title TREASURER  
Name OVERSTREET, JANICE  
Address C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
City-State-Zip: MIAMI FL 33265

Title DIRECTOR  
Name WALSER, SCOTT  
Address C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
City-State-Zip: MIAMI FL 33265

Title DIRECTOR  
Name CASTRO, EMMANUEL  
Address C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
City-State-Zip: MIAMI FL 33265

Title DIRECTOR  
Name QUINTEROS, CARLOS  
Address C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
City-State-Zip: MIAMI FL 33265

Title DIRECTOR  
Name DIMITROVA-KLEIN, TANIA  
Address C/O: QUEST MANAGEMENT GROUP OF FLORIDA LLC  
PO BOX 651906  
City-State-Zip: MIAMI FL 33265

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALICE PALATNICK

PRES

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date