

**2018 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: URBAN RESOURCE  
PO BOX 415700  
MIAMI BEACH, FL 33141 US

**FEI Number: 59-1140434**

**Certificate of Status Desired: No**

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

URBAN RESOURCE  
ATTN:JAVIER ZUNIGA  
1193 71ST STREET  
MIAMI BEACH, FL 33141 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COS, JORGE  
Address        1400 LINCOLN RD UNIT 606  
City-State-Zip: MIAMI BEACH FL 33139

Title            S  
Name            LONGORIA, AMADA  
Address        1400 LINCOLN RD UNIT 506  
City-State-Zip: MIAMI BEACH FL 33139

Title            D  
Name            CRUZ, GEORGE  
Address        1400 LINCOLN RD UNIT 403  
City-State-Zip: MIAMI BEACH FL 33139

Title            D  
Name            PALATNICK, ALICE  
Address        677 WESTEND AVE UNIT 7C  
City-State-Zip: NEW YORK NY 10025

Title            VP  
Name            BALINT, STEPHANIE  
Address        1400 LINCOLN ROAD UNIT 602  
City-State-Zip: MIAMI BEACH FL 33139

Title            T  
Name            REY, OSCAR  
Address        1400 LINCOLN RD UNIT 503  
City-State-Zip: MIAMI BEACH FL 33139

Title            D  
Name            OVERSTREET, JANICE  
Address        1400 LINCOLN RD APT 306  
City-State-Zip: MIAMI BEACH FL 33139

*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: JORGE COS**

**P**

**03/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date