

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717873

**Entity Name:** LINCOLN BAY TOWERS ASSOCIATION, INC.**Current Principal Place of Business:**1450 LINCOLN ROAD  
OFFICE  
MIAMI BEACH, FL 33139**Current Mailing Address:**9600 N.W. 25 ST. #5D  
DORAL, FL 33172 US**FEI Number:** 59-1283008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**J&M CONDO MANAGEMENT INC.  
9600 N.W. 25 STREET  
SUITE 5-D  
DORAL, FL 33172 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           STROIA, RONALD  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title            VP  
Name           KANTOR, MICHAEL  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name           SOLISH, LOUIS M  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name           CONTE, RICHARD  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name           PLOEHN, ROBERT  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name           LIPMAN, SUSAN  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name           KAUFMAN, NATALIE  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name           LENETT, SARAH  
Address        9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

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*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: RONALD STROIA****PRESIDENT****04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MATTOSO, HENRIQUE  
Address 9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name DUKE, ROBERT  
Address 9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172