

**2023 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

**FILED**  
**Mar 21, 2023**  
**Secretary of State**  
**7088726846CC**

**Current Mailing Address:**

C/O ALLIED PROPERTY GROUP  
12350 SW 132 CT SUITE 114  
MIAMI, FL 33186 US

**FEI Number: 59-1283008**

**Certificate of Status Desired: No**

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

SKRLD, INC  
201 ALHAMBRA CIR  
1100  
CORAL GABLES, FL 33134 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: SKRLD**

**03/21/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LADUZINSKI, NICHOLAS  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           VP  
Name           WILSON, JACQUELINE  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           CUMMINS, BRADLEY  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           SECRETARY  
Name           BRYANT, JENNIFER  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           PRESIDENT  
Name           REID, DAVID  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

*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: REID , DAVID**

**PRESIDENT**

**03/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date