

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717873

**Entity Name:** LINCOLN BAY TOWERS ASSOCIATION, INC.

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC8977982268**

**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 PD  
Name STROIA, RONALD  
Address 9600 N.W. 25 ST. #5D  
City-State-Zip: DORAL FL 33172

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

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

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

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

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

Title SECRETARY  
Name MARCUS, ARTHUR  
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

**Continues on page 2**

*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**

**04/28/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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