

2017 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 PD
Name STROIA, RONALD
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 LAWRENCE, LINDA
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 VP, DIRECTOR
Name KANTOR, MICHAEL
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 DIRECTOR
Name PLOEHN, ROBERT
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

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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****04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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