

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717873

Entity Name: LINCOLN BAY TOWERS ASSOCIATION, INC.

FILED
May 08, 2020
Secretary of State
4615361477CC

Current Principal Place of Business:

1450 LINCOLN ROAD
OFFICE
MIAMI BEACH, FL 33139

Current Mailing Address:

C/O SUNRISE MANAGEMENT
950 SOUTH PINE ISLAND ROAD SUITE #A150
PLANTATION, FL 33324 US

FEI Number: 59-1283008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUNRISE MANAGEMENT
950 SOUTH PINE ISLAND ROAD
SUITE #A150
PLANTATION, FL 33324 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: CONNIE GUTIERREZ

05/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STROIA, RONALD
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

Title VP
Name KANTOR, MICHAEL
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

Title TREASURER
Name SOLISH, LOUIS M
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name CONTE, RICHARD
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name PLOEHN, ROBERT
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name LIPMAN, SUSAN
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name LENETT, SARAH
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name MATTOSO, HENRIQUE
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE
 A150
City-State-Zip: PLANTATION FL 33324

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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

05/08/2020

Officer/Director Detail Continued :

Title DIRECTOR
Name DUKE, ROBERT
Address C/O SUNRISE MANAGEMENT
 950 SOUTH PINE ISLAND ROAD STE A150
City-State-Zip: PLANTATION FL 33324