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:

City-State-Zip:

Title PRESIDENT Title VP

Name STROIA, RONALD Name KANTOR, MICHAEL

Address C/O SUNRISE MANAGEMENT Address C/O SUNRISE MANAGEMENT
950 SOUTH PINE ISLAND ROAD STE 950 SOUTH PINE ISLAND ROAD STE

A150 A150

PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title TREASURER Title DIRECTOR

Name SOLISH, LOUIS M Name CONTE, RICHARD

Address C/O SUNRISE MANAGEMENT Address C/O SUNRISE MANAGEMENT

950 SOUTH PINE ISLAND ROAD STE 950 SOUTH PINE ISLAND ROAD STE

50 A

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title DIRECTOR Title DIRECTOR

Name PLOEHN, ROBERT Name LIPMAN, SUSAN

Address C/O SUNRISE MANAGEMENT Address C/O SUNRISE MANAGEMENT

950 SOUTH PINE ISLAND ROAD STE 950 SOUTH PINE ISLAND ROAD STE

A

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title DIRECTOR Title DIRECTOR

Name LENETT, SARAH Name MATTOSO, HENRIQUE

Address C/O SUNRISE MANAGEMENT Address C/O SUNRISE MANAGEMENT

950 SOUTH PINE ISLAND ROAD STE 950 SOUTH PINE ISLAND ROAD STE A150 A150

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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