

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717873

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

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CC9896360205**

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

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

Title            DIRECTOR  
Name            LAWRENCE, LINDA  
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            LIPMAN, SUSAN  
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

**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**

**04/16/2018**

\_\_\_\_\_  
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

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