

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010780

Entity Name: LINCOLN MEWS CONDOMINIUM, INC.**Current Principal Place of Business:**1525 LENOX AVE
MIAMI BEACH, FL 33139**Current Mailing Address:**PO BOX 190504
MIAMI BEACH, FL 33119 US**FEI Number: 45-0530710****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, STEPHANIE
1525 LENOX AVE
MIAMI BEACH, FL 33139 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 VP
Name DADON, ELI VICE PRESIDENT
Address 1525 LENOX AVE UNIT 5
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER
Name DADON, MOSHE TREASURER
Address 1525 LENOX AVENUE
City-State-Zip: MIAMI BEACH FL 33139

Title S
Name BOTT, THOMAS
Address 1350 NW 8 CT #102
City-State-Zip: 13AMI BEACH FL 33136

Title EXECUTIVE SECRETARY
Name BOTT, THOMAS EXECUTIVE SECRETARY
Address 8101 BISCAYNE BOULEVARD 303
City-State-Zip: MIAMI BEACH FL 33139

Title P
Name HARRIS, STEPHANIE
Address P.O. BOX 190504
City-State-Zip: MIAMI BEACH FL 33119

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: STEPHANIE HARRIS**PRESIDENT****08/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date