

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716380

FILED
Apr 30, 2009
Secretary of State

Entity Name: LINCOLNWOOD TOWERS CONDOMINIUM, INC.

Current Principal Place of Business:

2134 LINCOLN STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2134 LINCOLN STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-1806899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERG, WOLFGANG P
1505 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BERG, WOLFGANG P
Address: 1505 TYLER ST
City-St-Zip: HOLLYWOOD, FL

Title: STD () Delete
Name: MEACHAM, DAVID
Address: 3215 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: TS () Delete
Name: MEACHAM, KAREN
Address: 3215 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: W. P BERG

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date