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**Apr 02, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717873**

1. Corporation Name

**LINCOLN BAY TOWERS ASSOCIATION, INC.**

Principal Place of Business

1450 LINCOLN ROAD  
MIAMI BEACH FL 33139  
US

Mailing Address

1450 LINCOLN ROAD  
MIAMI BEACH FL 33139  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/13/1970

4. FEI Number

59-1283008

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SUSSMAN, FRANCES  
1450 LINCOLN ROAD  
#410  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WEISSBERG, JON

STREET ADDRESS 1450 LINCOLN RD #306

CITY-ST-ZIP MIAMI BCH, FLORIDA 00000

TITLE VD ☐ DELETE

NAME STROIA, RONALD

STREET ADDRESS 1450 LINCOLN RD #301

CITY-ST-ZIP MIAMI BEACH FL

TITLE DS ☒ DELETE

NAME PEARL, JULIE

STREET ADDRESS 1450 LINCOLN RD. #308

CITY-ST-ZIP MIAMI BCH, FL 00000

TITLE TD ☒ DELETE

NAME KOCH, NELLIE

STREET ADDRESS 1450 LINCOLN RD #705

CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME MELIKEON, BELKISS

STREET ADDRESS 1450 LINCOLN ROAD #601

CITY-ST-ZIP MIAMI BCH FL

TITLE PD ☐ DELETE

NAME SUSSMAN, FRANCES

STREET ADDRESS 1450 LINCOLN RD. #410

CITY-ST-ZIP MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS T/D Lenett, Sarah M.

3.4 CITY-ST-ZIP 1450 Lincoln Rd #406

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS Rivadeneira, Patricia

4.4 CITY-ST-ZIP 1450 Lincoln Rd #807

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

March 22 1999

Daytime Phone #

CR25037 (11/98)