


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90304 016 ****61.25

DOCUMENT # 717873 1. Entity Name LINCOLN BAY TOWERS ASSOCIATION, INC.					
Principal Place of Business 1450 LINCOLN ROAD MIAMI BEACH, FL 33139 US			Mailing Address % PHOENIX MANAGEMENT 4780 N ST RD 7 # E 250 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>Metra Management</i> Suite, Apt. #, etc. <i>5051 S. State Rd 7 # 505</i> City & State <i>Davie Florida</i> Zip Country <i>33314 Broward</i>			
4. FEI Number 59-1283008		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUSSMAN, FRANCES 1450 LINCOLN ROAD #410 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name <i>Metra Management Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>5051 S. State Rd 7 Suite 505</i> City <i>Davie</i> FL Zip Code <i>33314</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jerry Woodruff</i> <i>J Woodruff</i> <i>4/14/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D RIPPEY, DAVID		STREET ADDRESS	<i>Director</i> Robert Duke	
CITY-ST-ZIP	1450 LINCOLN RD # 906 MIAMI, FL 33199		CITY-ST-ZIP	1450 Lincoln Rd # 603 Miami FL 33199	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<i>Director</i> Arthur Marcus	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	VILA, PEDRO		STREET ADDRESS	1450 Lincoln Rd # 806	
CITY-ST-ZIP	1450 LINCOLN RD 1001 MIAMI BEACH, FL 33199		CITY-ST-ZIP	Miami FL 33199	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<i>Director</i> Elizabeth Rubin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	LIMOGE, DIANA		STREET ADDRESS	1450 Lincoln Rd # 506	
CITY-ST-ZIP	1450 LINCOLN RD. 908 MIAMI, FL 33186		CITY-ST-ZIP	Miami FL 33199	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MELIKEON, BELKISS		STREET ADDRESS		
CITY-ST-ZIP	1450 LINCOLN ROAD #601 MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SUSSMAN, FRANCES		STREET ADDRESS		
CITY-ST-ZIP	1450 LINCOLN RD. #410 MIAMI BCH., FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	LENNETT, SARA		STREET ADDRESS		
CITY-ST-ZIP	1450 LINCOLN RD. 406 MIAMI, FL 33186		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <i>4/13/05</i> (786) 473-5341 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					