

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726137

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** LINCOLNWOOD VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD  
STE 18  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 59-1605930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIS, ERNEST  
500 NE SPANISH RIVER BLVD  
STE 18  
BOCA RATON, FL 33431 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: PD  
Name: HIDALGO, JAMES  
Address: 500 NE SPANISH RIVER BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: 2VD  
Name: LEWIS, JEFFERSON  
Address: 500 NE SPANISH RIVER BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: 1VD  
Name: BROWN, MIRIAM ANNE  
Address: 500 NE SPANISH RIVER BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: SD  
Name: BOERINGER, RUSSELL  
Address: 500 NE SPANISH RIVER BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: TD  
Name: DRAKE, CHARLES  
Address: 500 NE SPANISH RIVER BLVD  
City-St-Zip: BOCA RATON, FL 33431

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: JAMES HILDAGO

PD

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date