2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am **Secretary of State**

03-30-2005 90047 024 ****61.25

DOCUMENT #749539 LINCOLN ARMS CONDOMINIUM ASSOCIATION, INC. 50032477 Mailing Address Principal Place of Business 6007 N TROPICAL TRAIL 6007 N TROPICAL TRAIL MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272005 CR2E037 (10/03) City & State City & State FEI Number 59-2211133 Applied For Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ETHERIDGE, BRIAN N Street Address (P.O. Box Number is Not Acceptable) 6007 N TROPICAL TRAIL MERRITT ISLAND, FL 32953 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9: Election Campaign Financing \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Defete Change ☐ Addition TITLE TITLE ETHERIDGE, DIANA NAME 6007 N TROPICAL TRL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP DS ☐ Delete TITLE ☐ Change Addition TITLE ETHERIDGE, BRIAN NAME NAME 6007 N TROPICAL TRL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-7IP D. ☐ Change **X** Addition ... 💢 Delela TITLE TITLE Davignon, Christina 2331 Tanglewood Lane NAME HOWE, CHRISTINA NAME 2331 TANGLEWOOD LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND, FL 32953 .32952 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: