

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 749539

1. Entity Name
LINCOLN ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
6007 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

Mailing Address
6007 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2211133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ETHERIDGE, BRIAN N
6007 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ETHERIDGE, DIANA
STREET ADDRESS 6007 N TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE DS
NAME ETHERIDGE, BRIAN
STREET ADDRESS 6007 N TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D
NAME DAVIGNON, CHRISTINA
STREET ADDRESS 2331 TANGLEWOOD LANE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000578664
01/09/07-80038-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

B. Etheridge
BRIAN ETHERIDGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07 (321) 453-8765
Date Daytime Phone #