


FILED
Jan 14, 2008 08:00 AM
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2211133		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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 _____ <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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000783883 01/16/08-80034-001 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ETHERIDGE, DIANA 6007 N TROPICAL TRL MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ETHERIDGE, BRIAN 6007 N TROPICAL TRL MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIGNON, CHRISTINA 2331 TANGLEWOOD LANE 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		
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: <u>B. Etheridge (BRIAN ETHERIDGE)</u> 1-11-08 321 453-8765 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		