

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749539

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** LINCOLN ARMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6007 N TROPICAL TRAIL  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

6007 N TROPICAL TRAIL  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

**FEI Number:** 59-2211133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ETHERIDGE, BRIAN N  
6007 N TROPICAL TRAIL  
MERRITT ISLAND, FL 32953 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:** ETHERIDGE, DIANA  
**Address:** 6007 N TROPICAL TRL  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** DS  
**Name:** ETHERIDGE, BRIAN  
**Address:** 6007 N TROPICAL TRL  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** D  
**Name:** DAVIGNON, CHRISTINA  
**Address:** 2331 TANGLEWOOD LANE  
**City-St-Zip:** MERRITT ISLAND, FL 32952

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:** BRIAN ETHERIDGE

DIR

02/15/2011

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

\_\_\_\_\_  
Date