

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90259 006 \*\*\*\*61.25

**DOCUMENT # N94000004901**

1. Entity Name

LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1300 LINCOLN RD  
MIAMI BEACH FL 33139  
US

Mailing Address

1300 LINCOLN RD  
OFFICE BLDG  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0580583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLANCO, FRANK  
1300 LINCOLN RD  
# 1006  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME POLANCO, FRANK  
STREET ADDRESS 1300 LINCOLN RD # 1006  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ Delete  
NAME DIAZ, PEDRO  
STREET ADDRESS 1300 LINCOLN RD., #1006  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE T ☐ Delete  
NAME LEMUS, MARIANA  
STREET ADDRESS 1300 LINCOLN RD., #401  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE S ☒ Delete  
NAME LORENZO, AIDA  
STREET ADDRESS 1300 LINCOLN RD # 504  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME taresa maynard aior  
STREET ADDRESS 1300 Lincoln Rd # 505  
CITY-ST-ZIP M. Beach. FL. 33139

TITLE D ☐ Change ☒ Addition  
NAME Sandra Garcia  
STREET ADDRESS 1300 Lincoln Rd # 503  
CITY-ST-ZIP M. Beach. FL. 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 (305) 532-1933

Date

Daytime Phone #