

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90003 023 ****61.25

DOCUMENT # N98000006824

1. Entity Name

LINCOLN ROAD VILLAS EAST CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

**1605 BAY RD.
 STE 401
 MIAMI BEACH FL 33139**

**1605 BAY RD.
 STE 401
 MIAMI BEACH FL 33139-2144**

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

65-0883713

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

7. Name and Address of New Registered Agent

**WOLFARTH, ROBERT J
 1605 BAY RD.
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Handwritten Signature]
REG. AGENT ROBERT WOLFARTH

4/1/2000
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WOLFARTH, ROBERT J	
STREET ADDRESS	1605 BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WOLFARTH, ROBERT J II	
STREET ADDRESS	1605 BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOLFARTH, KATHLEEN Z	
STREET ADDRESS	1605 BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]
SIGNATURE OF DIRECTOR

ROBERT WOLFARTH

Date

Daytime Phone #

4/1/2000 305672-2426

CR2E037 (9/99)