

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90131 048 ****66.25

DOCUMENT # N98000006824, TO;
 1. Entity Name
 - LOCATION #101- #0002462-AF.
 LINCOLN ROAD VILLAS EAST CONDOMINIUM ASSOCIATION, AT;
 #1611, WEST AVENUE, MIAMI BEACH, FL. 33139.

Principal Place of Business Mailing Address
 1605 BAY RD. 1605 BAY RD.
 STE 401 STE 401
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. #1312, 15 TERR.
 Suite, Apt. #, etc. BACK HOUSE.

City & State City & State
 MIAMI BEACH, FLORIDA

Zip Country Zip Country
 33139 UNIT STATE A.

4. FEI Number 65-0883713 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required #0002462-AF.

6. Name and Address of Current Registered Agent
 WOLFARTH, ROBERT J
 1605 BAY RD.
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name DRA. MARTA A. FERRER-BONELLY PH
 Street Address (P.O. Box Number is Not Acceptable)
 #1312, 15 TERR., BEHIND HOUSE.
 MIAMI BEACH.
 City FL Zip Code 33139.

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 Dra. Marta A. Ferrer-Bonelly, Educ. D.
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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

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	EDUC. DR.	<input type="checkbox"/> Delete
NAME	MARTA A. FERRER-BONELLY,	
STREET ADDRESS	#1312, 15 TERR., BACK HOUSE, PH. D.	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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: Dra. Marta A. Ferrer-Bonelly Ph. D. (305) 531-4022
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)