

CODE #0629.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90054 049 ****85.00

DOCUMENT # N98000006824

1. Entity Name

LINCOLN ROAD VILLAS EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1605 BAY RD.
STE 401
MIAMI BEACH FL 33139

#1312 15 TERR
BACK HOUSE
MIAMI BEACH FL 33139

#1611-WEST AVE. "VILLA EAST" CONDOS. '16 UNITS

2. Principal Place of Business

3. Mailing Address

STUDIO #2

#1312, 15 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH, FL.

HOUSE.

City & State

City & State

33139 - U.S.A.

MIAMI BEACH, FL.

Zip

Country

Zip

Country

OWNER.

UNIT STATE, A.

3 3139

UNIT STATE

6. Name and Address of Current Registered Agent

OF AMERICA.

4. FEI Number

65-0883713

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

FERRER-BONELLY, MARTA A DRA.
#1312 15 TERR. BEHIND HOUSE
MIAMI BEACH FL 33139

Name: ED.

FERRER-BONELLY MARTA A. PHD.

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

#1312, 15 TERR. HOUSE.

MIAMI BEACH, DADE COUNTY

City

UNIT STATE' AMERICA, FL 33139.

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

Dr. Marta A. Ferrer-Bonelly, Edus. FEB. 06 - 12. 2002

FILE NOW: FEE IS \$61.25 + \$85.00

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include DP, DT, DS, ED for Robert J Wolfarth and Marta A Ferrer-Bonelly.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for additions/changes to officers and directors.

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:

Dr. Marta A. Ferrer-Bonelly, EDU. 02-06-2002.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)