


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90638 041 \*\*\*\*61.25

**DOCUMENT # N98000006824**

1. Entity Name  
**LINCOLN ROAD VILLAS EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1611 WEST AVE #5 MIAMI BEACH, FL 33139**

Mailing Address  
**PO BOX 190541 MIAMI BEACH, FL 33119**

14601810



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04082004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0883713**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**SCHOBERT, PAUL**  
**1611 WEST AVE #5**  
**MIAMI BEACH, FL 33139**

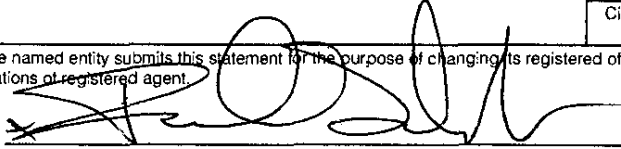
7. Name and Address of New Registered Agent

Name **Paul schober**

Street Address (P.O. Box Number is Not Acceptable)  
**1611 WEST AVE #5**

City **MB, FL 33139** Zip Code **FL**

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DS	HAYES, MICHELLE	1611 WEST AVE #8	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>
DT	VALINSKY, JODI	1611 WEST AVE #1	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>
DP	SCHOBERT, PAUL	1611 WEST AVE #5	MIAMI BEACH, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	Paul schober	1611 WEST AVE #5	MB, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	TERRIE COOPER	1611 WEST AVE #16	MB, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	Secretary Aldo Rosello	1611 WEST AVE #7	MB, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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

04/08/04 786-443-1538

Date: \_\_\_\_\_ Filing Phone #