


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90190 017 ****61.25

DOCUMENT # N98000006824 1. Entity Name LINCOLN ROAD VILLAS EAST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1611 WEST AVE #5 MIAMI BEACH, FL 33139	Mailing Address PO BOX 190541 MIAMI BEACH, FL 33119
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50036454



03182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business <i>1611 West Ave</i>	3. Mailing Address <i>P.O. Box 415342</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami Beach FL</i>	City & State <i>Miami Beach FL</i>
Zip <i>33139</i>	Zip <i>33141</i>
Country	Country

4. FEI Number 65-0883713	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
The Wall Management Corp
Street Address (P.O. Box Number is Not Acceptable)
220 - 71 Street, Suite 207
City
Miami Beach FL Zip Code
33141

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 *Orlando De Luiz* DATE *03.21.05*

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOBER, PAUL 1611 WEST AVE #5 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V5 JACOBS, COLIN 1201 SE 2 COURT # 408 Fort Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOPER, TERRIE 1611 WEST AVE #16 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, BASILIA 65 Olive Drive Hialeah, FL 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOBER, PAUL 1611 WEST AVE #5 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROSELLO, ALDO 1611 WEST AVE #7 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSELLO, ALDO 4821 SW 64 COURT Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Orlando De Luiz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/05 305-865-8180
Date Daytime Phone #