

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90306 031 ****61.25

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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 415342
MIAMI BEACH, FL 33141

50011970



03292006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

1611 WEST AVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip
33139

Country
USA

Zip

Country

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

THE WALL MANAGEMENT GROUP
220 71 STREET
SUITE 207
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

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. 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, 2006

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 PT
NAME ROSELLO, ALDO ☐ Delete
STREET ADDRESS 4821 SW 64 CT
CITY-ST-ZIP MIAMI, FL 33155

TITLE VS
NAME JACOBS, COLIN ☐ Delete
STREET ADDRESS 1201 SE 2 COURT, #408
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE D
NAME PEREZ, BASILIA ☐ Delete
STREET ADDRESS 65 OLIVE DR
CITY-ST-ZIP HIALEAH, FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME ROSELLO, ALDO
STREET ADDRESS 4821 SW 64th COURT
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD ☒ Change ☐ Addition
NAME COLIN, JACOBS
STREET ADDRESS 1611 WEST AVE # 15
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME MALOVE, RACHEL K.
STREET ADDRESS 1611 WEST AVE # 02
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DT ☐ Change ☒ Addition
NAME VIGANEGO, LUIS
STREET ADDRESS 1688 WEST AVE # 809
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALDO T. ROSELLO

4/10/2006

305-596-8917

Date

Daytime Phone #