


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90047 050 ****61.25

DOCUMENT # N98000006824

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



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

Mailing Address
 PO BOX 415342
 MIAMI BEACH, FL 33141

40097375



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04182007 Chg-NP CR2E037 (12/06)

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: The Wall Management Corp
 Street Address (P.O. Box Numbers Not Acceptable): 1440 J.F. Kennedy Causeway
 Suite 429-C
 City: North Bay Village 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: *Celso De Freitas (V)* DATE: 04.18.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	VD	<input type="checkbox"/> Delete
NAME	JACOBS, COLIN	
STREET ADDRESS	1611 WEST AVE #15	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, BASILIA	
STREET ADDRESS	65 OLIVE DR	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALOVE, RACHEL K	
STREET ADDRESS	1611 WEST AVE #02	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VIGANEGO, LUIS	
STREET ADDRESS	1688 WEST AVE #809	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, Basilia	
STREET ADDRESS	65 Olive Dr	
CITY-ST-ZIP	Hialeah, FL 33010	
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 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 I am empowered.

SIGNATURE: *Basilia Perez* DATE: 04.18.07 DAYTIME PHONE #: 3058658180
Signature and typed or printed name of signing officer or director