

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006824

FILED  
Apr 25, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1611 WEST AVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 415342  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 65-0883713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE WALL MANAGEMENT CORP  
1440 J.F. KENNEDY CAUSEWAY  
SUITE 429-C  
NORTH BAY VILLAGE, FL 33141 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD (X) Delete  
Name: JACOBS, COLIN  
Address: 1611 WEST AVE #15  
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD ( ) Delete  
Name: PEREZ, BASILIA  
Address: 65 OLIVE DR  
City-St-Zip: HIALEAH, FL 33010

Title: SD ( ) Delete  
Name: MALOVE, RACHEL K  
Address: 1611 WEST AVE #02  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT (X) Delete  
Name: VIGANEGO, LUIS  
Address: 1688 WEST AVE #809  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PEREZ, BASILIA  
Address: 65 OLIVE DR  
City-St-Zip: HIALEAH, FL 33010

Title: ST (X) Change ( ) Addition  
Name: MALOVE, RACHEL K  
Address: 1611 WEST AVE #02  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: TACAO, GISELA  
Address: 1611 WEST AVE#07  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLANDO DE LUIZ

RA

04/25/2008

Electronic Signature of Signing Officer or Director

Date