


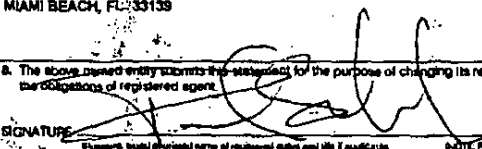

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10108787

DOCUMENT # N98000006824			
1. Entity Name LINCOLN ROAD VILLAS EAST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1345 DREXEL AVE #6 MIAMI BEACH, FL 33139		Mailing Address PO BOX 190541 MIAMI BEACH, FL 33119	
2. Principal Place of Business 1611 WEST AVE		3. Mailing Address PO BOX 190541	
Subs., Apts., etc. # 5		Subs., Apts., etc.	
City & State MB, FL		City & State MB, FL	
Zip 33139		Zip 33119	
Country USA		Country USA	
4. FEI Number 65-0883713		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, ANGEL 1611 WEST AVENUE 11 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 Zip Code 33139	
8. The above named entity submits the 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 		DATE 6/24/03	
FILE NOW! FREE IS 681025		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP NAME CUMMINS, ARTHUR J. STREET ADDRESS 900 16TH STREET #102 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE DS NAME Michelle Hayer STREET ADDRESS 1611 West Ave # 8 CITY-ST-ZIP MB, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME MARTINEZ, ANGEL STREET ADDRESS 1611 WEST AVE #11 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Jodi Valinsky STREET ADDRESS 1611 West Ave # 1 CITY-ST-ZIP MB, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DS NAME SCHOBER, PAUL STREET ADDRESS 1611 WEST AVE #6 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE DP NAME Paul Schober DP STREET ADDRESS 1611 West Ave # 5 CITY-ST-ZIP MB, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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 checked, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		DATE 6/24/03 305672030	



CHECK HERE IF MAKING CHANGES

UBR03 (10/02)