


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90046 030 ***158.75

DOCUMENT # P95000014475 1. Entity Name THE LINCOLN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1614 PENNSYLVANIA AVE MIAMI BEACH, FL 33139-7781			Mailing Address 1680 MICHIGAN AVE., STE 908 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1614 PENNSYLVANIA AVE. # 1C MIAMI BEACH, FL 33139 USA			
01102008 Chg-P CR2E034 (12/06)		4. FEI Number 65-0574469			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent MICHAEL GOMEZ 1930 TYLER STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name RUSSELL JENKINS Street Address (P.O. Box Number is Not Acceptable) 1614 PENNSYLVANIA AVE., # 1C City MIAMI BEACH FL Zip Code 33139			
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 <i>[Signature]</i> VP DATE 1.12.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JENKINS, RUSSELL 1614 PENNSYLVANIA AVE#1C MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MESA, NOREI 1614 PENNSYLVANIA AVENUE # 1F MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOEFER, GEOFFREY 1614 PENNSYLVANIA AVENUE #2B MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINA GOLDENTAYER 1614 PENNSYLVANIA AVE., # 2H MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINA GOLDENTAYER 1614 PENNSYLVANIA AVE., # 2H MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINA GOLDENTAYER 1614 PENNSYLVANIA AVE., # 2H MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINA GOLDENTAYER 1614 PENNSYLVANIA AVE., # 2H MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 607, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1.12.08 Daytime Phone # 7862012929			