

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000004569

FILED
Nov 24, 2008
Secretary of State

Entity Name: SAGE ON LENOX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1045 LENOX AV
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

635 EUCLID AV
112
MIAMI BEACH, FL 33139

New Mailing Address:

C/O NEIL P. LINDEN, ADORNO & YOSS LLP
2525 PONCE DE LEON BOULEVARD, STE. 400
CORAL GABLES, FL 33134

FEI Number: 20-2362845 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORTESPATRICK PROPERTY MANAGERS
635 EUCLID AC
112
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LINDEN, NEIL P
ADORNO & YOSS LLP
2525 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134 US

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: NEIL P. LINDEN

11/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: NOVELA, MARCELLA
Address: 5242 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VSD () Delete
Name: CASAN, VICENTA
Address: 1045 LENOX AV #2
City-St-Zip: MIAMI BEACH, FL 33139

Title: TSD () Delete
Name: SCHNEIDER, DANIEL
Address: 1045 LENOX AV # 11
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LINDEN, NEIL P
Address: 2525 PONCE DE LEON BOULEVARD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: NOVELA, MARCELLA
Address: 5242 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: TSD (X) Change () Addition
Name: SCHNEIDER, DANIEL
Address: 1045 LENOX AVE #11
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: NEIL P. LINDEN

D

11/24/2008

Electronic Signature of Signing Officer or Director

Date