

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004569

FILED  
Mar 25, 2010  
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:**

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

**New Mailing Address:**

**FEI Number:** 20-2362845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LINDEN, NEIL P  
ADORNO & YOSS LLP  
2525 PONCE DE LEON BLVD., STE. 400  
CORAL GABLES, FL 33134 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: PD  
Name: LINDEN, NEIL P  
Address: 2525 PONCE DE LEON BOULEVARD, STE. 400  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD  
Name: KALANTAR, ALIREZA  
Address: 1045 LENOX AVE. #1  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TSD  
Name: MOORE, THOMAS  
Address: 1045 LENOX AVE #7  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: NEIL P. LINDEN

PD

03/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date