


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N19189 (2)
1. Corporation Name
LENOX HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 800 LENOX AVE. MIAMI BEACH FL 33139	Mailing Address 800 LENOX AVE. MIAMI BEACH FL 33139
---	---

3. Date Incorporated or Qualified
02/11/1987

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**TERRELL, REBECCA
800 LENOX AVE.
#4
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **Marilyn Gottlieb - Roberts**

82 Street Address (P.O. Box Number is Not Acceptable)
800 Lenox Ave

83 **#5**

84 City **Miami Beach** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Marilyn Gottlieb - Roberts* DATE **2-4-98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	RECHER, CHARLES	
STREET ADDRESS	800 LENOX AVE, UNIT 6	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	TERRELL, REBECCA	
STREET ADDRESS	800 LENOX AVE, UNIT 4	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	LOTSPEICH, BRADSHAW	
STREET ADDRESS	800 LENOX AVE, UNIT 3	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	HARRISON, LOIS	
STREET ADDRESS	800 LENOX AVE, UNIT 2	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	GOTTLIEB-ROBERTS, MARILYN	
STREET ADDRESS	800 LENOX AVE, UNIT 5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	FLUSS, ERIC	
STREET ADDRESS	800 LENOX AVE, UNIT 1	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca Terrell* 1/23/98 (305) 532-8477

CFR2007 (1097)