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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19189

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/11/1987	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	NOT APPLICABLE	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARILYN GOTTLIEG-ROBERTS 800 LENOX AVE #5 MIAMI BEACH FL 33139				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RECHER, CHARLES		1.2 NAME		
STREET ADDRESS	800 LENOX AVE, UNIT 6		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TERRELL, REBECCA		2.2 NAME	D + HENRIETTA MARCO DE CONCILIS	
STREET ADDRESS	800 LENOX AVE, UNIT 4		2.3 STREET ADDRESS	800 LENOX AV. UNIT 4	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOTSPEICH, BRADSHAW		3.2 NAME		
STREET ADDRESS	800 LENOX AVE, UNIT 3		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, LOIS		4.2 NAME		
STREET ADDRESS	800 LENOX AVE, UNIT 2		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOTTLIEB-ROBERTS, MARILYN		5.2 NAME		
STREET ADDRESS	800 LENOX AVE, UNIT 5		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLISS, ERIC		6.2 NAME		
STREET ADDRESS	800 LENOX AVE, UNIT 1		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		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)(l), 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, with all other like empowered.

SIGNATURE: *Marilyn Gottlieb-Roberts* 1-10-99 305-237-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)