

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90179 005 \*\*\*\*61.25

**DOCUMENT # N19189**

1. Entity Name

**LENOX HOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**800 LENOX AVE.  
 MIAMI BEACH FL 33139**

**800 LENOX AVE.  
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARILYN GOTTLIEG-ROBERTS  
 800 LENOX AVE  
 #5  
 MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RECHER, CHARLES</b>
STREET ADDRESS	<b>800 LENOX AVE, UNIT 6</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARCO DECONCILIIS, HENRIETTA</b>
STREET ADDRESS	<b>800 LENOX AVE, UNIT 4</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOTSPEICH, BRADSHAW</b>
STREET ADDRESS	<b>800 LENOX AVE, UNIT 3</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HARRISON, LOIS</b>
STREET ADDRESS	<b>800 LENOX AVE, UNIT 2</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GOTTLIEB-ROBERTS, MARILYN</b>
STREET ADDRESS	<b>800 LENOX AVE, UNIT 5</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FLISS, ERIC</b>
STREET ADDRESS	<b>800 LENOX AVE, UNIT 1</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 617, 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00 305 534 7786  
 Date Daytime Phone #

CR2E037 (10/00)