

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

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

1/23/01 305 534 7786

Date

Daytime Phone #

CR2E037 (10/00)