

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19189

FILED
Apr 13, 2010
Secretary of State

Entity Name: LENOX HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

800 LENOX AVE.
#4
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

800 LENOX AVE.
#4
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0302891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCHBERG, KRISTY
800 LENOX AVE
#4
MIAMI BEACH, FL 33139 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: D
Name: RECHER, CHARLES
Address: 800 LENOX AVE, UNIT 6
City-St-Zip: MIAMI BEACH, FL

Title: D
Name: HOCHBERG, KRISTY M
Address: 800 LENOX AVE, UNIT 4
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: FERRAZZA, MAURICIO
Address: 800 LENOX AVE, UNIT 3
City-St-Zip: MIAMI BEACH, FL

Title: D
Name: HARRISON, LOIS
Address: 800 LENOX AVE, UNIT 2
City-St-Zip: MIAMI BEACH, FL

Title: D
Name: GOTTLIEB-ROBERTS, MARILYN
Address: 800 LENOX AVE, UNIT 5
City-St-Zip: MIAMI BEACH, FL

Title: D
Name: JEAN REMY, ZAMPONI
Address: 800 LENOX AVE, UNIT 1
City-St-Zip: MIAMI BEACH, FL

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: KRISTY HOCHBERG

D

04/13/2010

Electronic Signature of Signing Officer or Director

Date