

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90118 023 ****61.25

DOCUMENT # N19189

1. Entity Name
LENOX HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**800 LENOX AVE.
#4
MIAMI BEACH FL 33139
US**

Mailing Address
**800 LENOX AVE.
#4
MIAMI BEACH FL 33139
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent
**AMARK, LAUREN
800 LENOX AVE
#4
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name **Lauren Marx - Ascencios**
Street Address (P.O. Box Number is Not Acceptable) **800 Lenox Ave #4**
City **Miami Beach FL** Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lauren Marx Ascencios* DATE **1/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Lauren Marx - Ascencios	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	800 Lenox Ave, Unit 4	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lauren Marx Ascencios* DATE **1/23/03**

CR2E037 (10/02)