

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44920 (9)
1. Corporation Name
LENOX MILL PROPERTY OWNERS ASSOCIATION, INC.

FILED
97 APR 30 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
431 WAVERLY RD.
TALLAHASSEE FL 32312
US 431 WAVERLY RD.
TALLAHASSEE FL 32312-2856
US

3. Date Incorporated or Qualified 08/29/1991 3a. Date of Last Report 05/01/1996
4. FEI Number 59-2837146 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACS, DAN L
431 WAVERLY RD.
TALLAHASSEE FL 32312

81 Name
82 Street Address (P.O. Box) 3000 W. Highway 90
83 City 84 State FL 85 Zip Code 32312
86 Filing Fee \$61.25
87 Date of Filing 05/01/97

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORKART, RICHARD	1.2 NAME	BORKART, Richard
STREET ADDRESS	3339 LENOX MILL ROAD	1.3 STREET ADDRESS	3339 Lenox Mill Road
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tall FL 32312
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUFTJEN, GERRIT	2.2 NAME	D HUMPHREYS LEIGH
STREET ADDRESS	5432 PACES FERRY ROAD	2.3 STREET ADDRESS	5440 Applebore
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE	VPS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, RICHARD	3.2 NAME	JUDGE, Steven
STREET ADDRESS	3513 BANKHEAD	3.3 STREET ADDRESS	3486 Paces Ferry
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Kobernat, Randall
STREET ADDRESS		4.3 STREET ADDRESS	3484 Chamblor Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tall FL 32312
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D WATSON, Forrest
STREET ADDRESS		5.3 STREET ADDRESS	3477 Paces Ferry Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	P. D. White, Richard
STREET ADDRESS		6.3 STREET ADDRESS	3513 Bankhead
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee FL 32312

14. I do 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 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 in an attachment with an address.

SIGNATURE: _____ DATE: 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000431

CR2E037 (9/96)