

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44920

FILED
Apr 24, 2008
Secretary of State

Entity Name: LENOX MILL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

528 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Current Mailing Address:

431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

New Mailing Address:

528 E. PARK AVE.
TALLAHASSEE, FL 32301 US

FEI Number: 59-2837146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY RD.
TALLAHASSEE, FL 32312 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: DVP () Delete
Name: BRODER, JARRETT
Address: 5418 APPLIEDORE LAN
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP () Delete
Name: HARRISON, KIM
Address: 3513 BANKHEAD RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS () Delete
Name: ALLEN, KAREN
Address: 3452 CHAMBLEE RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: HOLDREGE, BOB
Address: 3457 LENOX MILL
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT () Delete
Name: DANIALS, STEPHANIE
Address: 3478 CHAMBLEE RD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: BOLGER, GEORGE
Address: 3472 CHAMBLEE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: ALLEN, KAREN
Address: 3452 CHAMBLEE RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: PEED, ALAN
Address: 3476 CHAMBLEE RD
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIM HARRISON

DP

04/24/2008

Electronic Signature of Signing Officer or Director

Date