

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004569

**Entity Name:** SAGE ON LENOX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1045 LENOX AV  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O NEIL P. LINDEN, GRAYROBINSON PA  
1221 BRICKELL AVENUE SUITE 1600  
MIAMI, FL 33131

**FEI Number:** 20-2362845

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LINDEN, NEIL P  
GRAYROBINSON PA  
1221 BRICKELL AVENUE SUITE 1600  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title PD  
Name LINDEN, NEIL P  
Address 1221 BRICKELL AVENUE SUITE 1600  
City-State-Zip: MIAMI FL 33131

Title VD  
Name RERHRHAYE, ADIL  
Address 1045 LENOX AVE. 12  
City-State-Zip: MIAMI BEACH FL 33139

Title TSD  
Name MOORE, THOMAS  
Address 1045 LENOX AVE #7  
City-State-Zip: MIAMI BEACH FL 33139

*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:** NEIL P. LINDEN

**PRESIDENT**

**03/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date