

2014 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

01/23/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date