

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708071

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: 915 LENOX, INC., A CONDOMINIUM

**Current Principal Place of Business:**

915 LENOX AVE.  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

8600 NW 17 ST  
#145  
DORAL, FL 33126 US

**New Mailing Address:**

FEI Number: 59-2491461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORGAN, LISA  
2830 EAGLE LANE  
WEST PALM BEACH, FL 33409 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: PD ( ) Delete  
Name: MORGAN, LISA  
Address: 2830 EAGLE LANE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VPD ( ) Delete  
Name: CARULLI, ANNETTE  
Address: 26585 ROBIN WAY  
City-St-Zip: NAPLES, FL 34135

Title: SD ( ) Delete  
Name: WOOLLEY, ELLEN  
Address: 1327 NORTH SUTTER  
City-St-Zip: SANTA MARIA, CA 93454

Title: TD ( ) Delete  
Name: TWIST, GARY  
Address: 300 W 41 ST SUITE #213  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: MORGAN, LISA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/29/2008

\_\_\_\_\_  
Date