

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734901

FILED  
Mar 22, 2011  
Secretary of State

Entity Name: LENOX PLAZA ASSOCIATION, INC.

**Current Principal Place of Business:**

1033 LENOX AVE.  
SUITE 305  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1033 LENOX AVE.  
SUITE 305  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

1033 LENOX AVE.  
SUITE 304  
MIAMI BEACH, FL 33139 US

FEI Number: 59-1963588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LENZ, BERNARD  
1033 LENOX AVE  
SUITE 305  
MIAMI BEACH, FL 33139 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: T  
Name: NOWOSAD, NARDIE  
Address: 1033 LENOX AVE #206  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SCR  
Name: VISOSKY, SHERYL  
Address: 1033 LENOX AVE #313  
City-St-Zip: MIAMI BEACH, FL 33139

Title: P  
Name: LENZ, BERNARD  
Address: 1033 LENOX AVE #305  
City-St-Zip: MIAMI, FL 33139

Title: BM  
Name: ASCHIERO, CARLOS  
Address: 1033 LENOX #311  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: RUBIN, JOSEPHINE  
Address: 1033 LENOX AVE #304  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: BERNARD LENZ

PRES

03/22/2011

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

\_\_\_\_\_  
Date