2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000010548

Entity Name: LENOX POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9309-1A OLD KINGS ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

9309-1A OLD KINGS ROAD SOUTH
JACKSONVILLE, FL 32257

Current Mailing Address:

9309-1A OLD KINGS ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

9309-1A OLD KINGS ROAD SOUTH
JACKSONVILLE, FL 32257

FEI Number: 20-4775877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP 04/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: EDMONDS, DANA
Address: 9309-1A OLD KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP ( ) Delete
Name: CUTTS, BILL
Address: 9309-1A OLD KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DST ( ) Delete
Name: EDMONDS, STEPHEN L
Address: 9309-1A OLD KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: EDMONDS, DANA
Address: 9309-1A OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP (X) Change ( ) Addition
Name: CUTTS, BILL
Address: 9309-1A OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change ( ) Addition
Name: EDMONDS, STEPHEN L
Address: 9309-1A OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM CUTTS VP 04/28/2006
Electronic Signature of Signing Officer or Director Date