


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90089 037 ****61.25

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| DOCUMENT # N05000010548 1. Entity Name LENOX POINTE HOMEOWNERS' ASSOCIATION, INC. |  |
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| Principal Place of Business 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 | Mailing Address 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 |
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-4775877 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MANCHERO, GLORIA 9309 OLD KINGS RD S #1A JACKSONVILLE, FL 32257 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST EDMONDS, DANA 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CUTTS, BILL 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDMONDS, STEPHEN L 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Cutts 4/16/08 904-737-9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #