## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004569

Feb 21, 2011 Secretary of State

Entity Name: SAGE ON LENOX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1045 LENOX AV

MIAMI BEACH, FL 33139

**Current Mailing Address:** 

**New Mailing Address:** 

C/O NEIL P. LINDEN, ADORNO & YOSS LLP 2525 PONCE DE LEON BOULEVARD, STE. 400 CORAL GABLES, FL 33134

1221 BRICKELL AVENUE SUITE 1600

C/O NEIL P. LINDEN, GRAYROBINSON PA

MIAMI, FL 33131

FEI Number Not Applicable ( )

FEI Number: 20-2362845

FEI Number Applied For ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LINDEN, NEIL P ADORNO & YOSS LLP LINDEN, NEIL P GRAYRÓBINSON PA

2525 PONCE DE LEON BLVD., STE. 400 CORAL GABLES, FL 33134 US

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: NEIL P LINDEN

02/21/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

LINDEN, NEIL P Name:

Address: 1221 BRICKELL AVENUE SUITE 1600

City-St-Zip: MIAMI, FL 33131

Title: VD

Name: HATALA, RICK Address: 1045 LENOX AVE. #6 City-St-Zip: MIAMI BEACH, FL 33139

Title: TSD

MOORE, THOMAS Name: 1045 LENOX AVE #7 Address: City-St-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 PLINDEN PD 02/21/2011