2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 01, 2008 8:00 am Secretary of State 05-02-2008 90111 001 ***150.00

1. Entity Name LENOX VILLAGE A CONDOMINIUM ASSOCIATION, INC.											
804 DOUGLAS RD., #565				Mailing Address 804 DOUGLAS RD., #565 CORAL GABLES, FL 33134				14952 Manuar		1870 1 870 1883 18	an n na
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04292008	Chg-NP	CR2E	037 (12/06)		
City & State				City & State			4. FE Number 74 – 3	20 T	780		oplied For of Applicable
Zip	Country			Zip Cou		untry	5. Certificate o	of Status Desire	=	\$8.75 Adi	
6. Name and Address of Current Registered Ager						Name	7. Name and	Address of Ne	w Registered	Agent	
OLIVEIRA, CRISTINA D 804 DOUGLAS RD., #565 CORAL GABLES, FL 33134						Street Address ((P.O. Box Number	r is Not Accept	(able)		
						City			F	Zip Cod	le:
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.											
the obligations of registered agent. SIGNATURE											
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Can Trust Fund (\$5.00 May Be Added to Fees	,	Make che lorida Depi	ck payable t stment of S	o Late
10. TRE	I PD	OFFICERS	AND DIRECTO	RS Delete	11.		ADDITIONS/CHA	NGES TO OFF	ICERS AND D		
NAME STREET ADDRESS OTTY-ST-ZEP	MESA, RENALDO 804 DOUGLAS RD. #585					EE AODRESS -SI-ZP				☐ Change	☐ Addition
TITLE MAME STREET ADORESS CTTY-ST-ZP	VD Delate MESA, MELISA 804 DOUGLAS RD., #565 CORAL GABLES, FL 33134					E EET ADORESS '-ST-ZP				Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AUDEL GLAS RD., #565 SABLES, FL 331		☐ Detete		- 1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP				☐ Delete		· 1		•		□ Creange	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP				C Delete		1				Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental toport is true and advantaged that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or trustee empowered to execute this reports a 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: SIGNATURE AND TITIES OR PROVIDED NAME OF BOXINGS OFFICER OR DIRECTOR Date Daylors From #											