


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 NOV 15 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11224		
1. Entity Name LENOX PLACE OWNERS' ASSOCIATION, INC.		

Principal Place of Business 4400 N.W. 36TH AVE. GAINESVILLE, FL 32606 US	Mailing Address 4400 N.W. 36TH AVE. GAINESVILLE, FL 32606 US
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2. Principal Place of Business 1731 NW 6 ST Suite, Apt. #, etc. A	3. Mailing Address P.O. Box 14506 Suite, Apt. #, etc.
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City & State GAINESVILLE FL	City & State GAINESVILLE FL
Zip 32609	Country USA
Zip 32604	Country USA



10242005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 N.W. 36TH AVE. GAINESVILLE, FL 32606	
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7. Name and Address of New Registered Agent Name ED BAUR MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 1731 NW 6 ST Suite A City GAINESVILLE FL Zip Code 32609	
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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  DATE 10/24/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, ALICIA 1002 NW 42 DR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DELFINO, JOE 1028 NW 41ST DR. GAINESVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Richard Sutton 1030 NW 41st Drive Gainesville, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, SARAH 920 NW 41ST. DRIVE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800061442428 11/15/05-01057-008 ***236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 10/24/05 352-3359476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 16 2005