

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90020 025 ****61.25

DOCUMENT # N11224

1. Entity Name
LENOX PLACE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**1731 NW 6 ST
SUITE A
GAINESVILLE, FL 32609 US**

Mailing Address
**1731 NW 6 ST
SUITE A
GAINESVILLE, FL 32609 US**

2. Principal Place of Business - No P.O. Box #
1731 NW 6TH STREET

3. Mailing Address
PO BOX 14506

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

Zip
32609

Country
ALACHUA

Zip
32604

Country
ALACHUA

02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2642730

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ED BAUR MANAGEMENT, INC.
1731 NW 6 ST
SUITE A
GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

Name
WESTON BAUR/ED BAUR MANAGEMENT INC.

Street Address (P.O. Box Number is Not Acceptable)
DBA FLORIDA COMMUNITY MANAGEMENT

1731 NW 6TH STREET SUITE A

City
GAINESVILLE FL

Zip Code
32609

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 reinstating)

DATE

3-08-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete

NAME
PACHECO, ALICIA

STREET ADDRESS
1002 NW 42 DR

CITY-ST-ZIP
GAINESVILLE, FL 32606

TITLE
SDT ☐ Delete

NAME
SUTTOR, RICHARD DR

STREET ADDRESS
1030 NW 41ST DR.

CITY-ST-ZIP
GAINESVILLE, FL 32605

TITLE
D ☐ Delete

NAME
CLAYTON, ROBERT E

STREET ADDRESS
1043 NW 41ST DR

CITY-ST-ZIP
GAINESVILLE, FL 32605

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07
Date

352-377-6394
Daytime Phone #