

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90053 042 ****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 P.O. BOX 14506 GAINESVILLE, FL 32604 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WESTON BAUR/ED BAUR MANAGEMENT INC. DRA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6 ST SUITE A GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINE COX 1047 NW 41ST DRIVE GAINESVILLE FL 32605
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SUTOR, RICHARD DR 1030 NW 41ST DR. GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELLE MULLIS 1008 NW 42ND DRIVE GAINESVILLE FL 32605
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, ROBERT E 1043 NW 41ST DR GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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:		ROBERT E. CLAYTON		2-4-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	