2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11224

FILED Apr 15, 2009 Secretary of State

Entity Name: LENOX PLACE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1731 NW 6 ST SUITE A

GAINESVILLE, FL 32609 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14506

GAINESVILLE, FL 32604 US

FEI Number: 59-2642730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WESTON BAUR/ED BAUR MANAGEMENT INC. ED BAUR MANAGEMENT, INC. DRA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET

1731 NW 6 ST SUITE A STE A

GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 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: HAL WHITTET 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 S3
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 COX, MARTINE

 Name:
 COX, MARTINE

Address: 1047 NW 41ST DRIVE Address: 1047 NW 41ST DRIVE
City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 US

Address: 1008 NW 42ND DRIVE Address: 1008 NW 42ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 US

Title: P () Delete Title: VP (X) Change () Addition

 Name:
 CLAYTON, ROBERT E
 Name:
 HURSE, JACK

 Address:
 1043 NW 41ST DR
 Address:
 1008 NW 41ST DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTINE COX P 04/15/2009