

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90297 001 ***122.50

DOCUMENT # N11465

1. Entity Name
LENOX MASTER ASSOCIATION, INC.



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

Mailing Address
**PO BOX 14506
GAINESVILLE, FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2642724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ED BAUR MANAGEMENT
1731 NW 6TH ST.
GAINESVILLE, FL 32609**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BENTHAM, MARY ELLEN**
CITY-ST-ZIP **927 NW 42 TERR
GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PATCHEO, ALICIA**
CITY-ST-ZIP **1002 NW 42 DR
GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **SUTTON, DICK**
CITY-ST-ZIP **1030 NW 41ST DR.
GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition
NAME **Dr. Richard Sutton DT**
STREET ADDRESS **1030 NW 41st Drive**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **DALY, SARAH**
CITY-ST-ZIP **920 NW 41 DRIVE
GAINESVILLE, FL 32606**

TITLE ☐ Change ☐ Addition
NAME **Sarah Daly**
STREET ADDRESS **920 NW 41st Drive**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **STEHOUWER, CYNTHIA**
CITY-ST-ZIP **914 NW 42ND TER.
GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition
NAME **Cynthia Stehouwer P**
STREET ADDRESS **914 NW 42nd Terrace**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RODENFELS, BILL**
CITY-ST-ZIP **829 NW 42ND TER.
GAINESVILLE, FL 32605**

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:

Cynthia M Stehouwer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 392-6148
3-13-06 380-2365