

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-11-2008 90054 022 \*\*\*\*61.25

<b>DOCUMENT # N11465</b> 1. Entity Name <b>LENOX MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609 US</b>			Mailing Address <b>P.O. BOX 14506 GAINESVILLE, FL 32604</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40022205</b> 	
City & State Zip      Country		City & State Zip      Country		01142008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-2642724</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ED BAUR MANAGEMENT C/O ED BAUR, D/B/A FLORIDA COMMUNITY MGT 1731 NW 6TH STREET, STE A GAINESVILLE, FL 32609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 renouncing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTHAM, MARY ELLEN 927 NW 42 TERR GAINESVILLE, FL 32605	<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	D PATCHEO, ALICIA 1002 NW 42 DR GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINE COX 1047 NW 41ST DRIVE GAINESVILLE FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SUTTER, RICHARD DR 1030 NW 41 ST 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, SARAH 920 NW 41 ST DR GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT E. CLAYTON 1043 NW 41ST DRIVE GAINESVILLE FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEHOUWER, CYNTHIA 914 NW 42ND TER. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODENFELS, BILL 829 NW 42ND TER. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE 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.					
<b>SIGNATURE:</b>			<b>ROBERT E. CLAYTON    2-4-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		