


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90019 030 \*\*\*\*61.25

<b>DOCUMENT # N12001</b>	
1. Entity Name <b>TOWNHOMES AT LENOX OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1731 NW 6 ST</b> <b>A</b> <b>GAINESVILLE, FL 32609 US</b>	Mailing Address <b>1731 NW 6 ST</b> <b>A</b> <b>GAINESVILLE, FL 32609 US</b>
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**40056171**

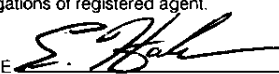


2. Principal Place of Business - No P.O. Box # <b>1731 NW 6TH STREET</b>	3. Mailing Address <b>PO BOX 14506</b>
Suite, Apt. #, etc. <b>SUITE A</b>	Suite, Apt. #, etc.
City & State <b>GAINESVILLE FL</b>	City & State <b>GAINESVILLE FL</b>
Zip <b>32609</b>	Country <b>ALACHUA</b>
Zip <b>32604</b>	Country <b>ALACHUA</b>

02082007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2642727</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>EUGENE HAUPLER &amp; ED BAUR MGT</b> <b>1731 NW 6ST</b> <b>#A</b> <b>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

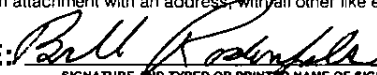
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  *Eugene Haupler* **3/8/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BENTHAM, MARY ELLEN</b> <b>927 NW 42ND TERRACE</b> <b>GAINESVILLE, FL 32605</b> <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	<b>P</b> <b>STEHOUWER, CYNTHIA</b> <b>914 NW 42ND TERRACE</b> <b>GAINESVILLE, FL 32605</b> <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	<b>T</b> <b>RODENFELS, WILLIAM JR</b> <b>829 NW 42ND TERRACE</b> <b>GAINESVILLE, FL 32605</b> <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	<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	<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	<input type="checkbox"/> Delete	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:**  **Bill RODENFELS** **3-29-07** **352-375-580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #