2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12001

FILED Mar 30, 2009 Secretary of State

Entity Name: TOWNHOMES AT LENOX 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: 59-2642727 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:

BAUR, WESTON ED BAUR MANAGEMENT, INC.

ED BAUR MANAGEMENT INC. 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 03/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: S () Delete Title: T (X) Change () Addition

 Name:
 BENTHAM, MARY ELLEN
 Name:
 BATES, JILL

 Address:
 927 NW 42ND TERRACE
 Address:
 915 NW 42ND TERRACE

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

Title: S () Delete Title: S (X) Change () Addition

 Name:
 STEHOUWER, CYNTHIA
 Name:
 STEHOUWER, CYNTHIA

 Address:
 914 NW 42ND TERRACE
 Address:
 914 NW 42ND TERRACE

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

Title: () Delete Title: (X) Change () Addition RODENFELS, WILLIAM JR RODENFELS, WILLIAM JR Name: Name: 829 NW 42ND TERRACE Address: Address: 829 NW 42ND TERRACE City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 US

Title: T (X) Delete Title: () Change () Addition

 Name:
 BATES, JILL
 Name:

 Address:
 915 NW 42ND TERRACE
 Address:

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

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: WILLIAM L. RODENFELS P 03/30/2009