FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N19189

(2)

1. Corporation Name									
LENOX HOUSE CONDOMINIUM ASSOCIATION, INC.									
ELITOR	110000							T ARPINIPA DAN TIMIR TRIBUT MANA MANA MANA MANA MANA MANA MANA MAN	
									
Principal Plac	e of Busines	6\$	М	ailing Address				A 194 milet mar litatu sarat tradit and an anath and the anath state and the	
BOO LENOX AVE. 800 LENOX AVE.									
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-5621									
								3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business				2a. Mailing Address				02/11/1987 02/26/1996 4. FEI Number Applied For	
2. Principal Place of Business				26. Walning Address				4. FEI Number Applied For NOT APPLICABLE Not Applied For	
Suite, Apt. #, etc.			1201	Suite, Apt. #, etc.				SR 75 Additional	
22				27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Zip Country			Zip Country				Trust Fund Contribution	
24	25			30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
<u> </u>	9. Name and Address of Current			tered Agent	1001			10. Name and Address of New Registered Agent	
					1	B1 N	ame 172	REBELLA TERRELL	
LOTSPEICH, BRADSHAW					ļ.	B2 S1	reet Addre	ess (P.O. Box Number is Not Acceptable)	
950 S. MIAMI AVENUE				83				800 LENOX AVE #4	
MIAMI FL 33130						83			
		84 City			NIAMI BEACH- FL 85 Zip Code 33139				
11. Pursuant	to the provis	sions of Sections 617.0	502 and 6	17.1508, Fjorida Statut	es, the abi	ove-na	med corgo	poration submits this statement for the purpose of changing its registere	ď
office or r agent. I a	registered aç ım familiar <u>y</u>	gent, or both, in the Sta gith, and accept the obl	ite of Florid igations e	da. Such change was I , Sec lion 617.0593, J	authorized orida Statu	by tho ites.	corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE) [R	BECC	A TERRELL 3/2019)	
12.	Signature, typed	or printed name of registered a OFFICERS A		if applicable. / (NOT	E: Registered .	Agent sig	nature required	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELETE 1.170		.£		Change Addition	 on
NAME	Image: access = a				1.2 NAME				
STREET ADDRESS 800 LENOX AVE, UNIT 6				1.3 STREET ADDRESS			RESS		
CITY-ST-ZIP	CITY-ST-ZIP MIAMI BEACH FL				1.4 CITY-ST-ZIF				
TITLE	D			☐ DELETE 2.1		E		☐ Change ☐ Addilio	n
NAME	TERRELL, REBECCA			2.2 NA		AE .			
STREET ADDRESS	1 000 ==			2.3 STRE			1	* .	
CITY-ST-ZIP TITLE				DELETE	2. 4 CIT 3.1 TI7L	Y - \$1 - ZI	P	Change Addition	
NAME	D Lotspeich, Bradshaw				3.1 HRL			. Charge T vacuus	""
	TREET ADDRESS 800 LENOX AVE, UNIT 3			3.3 STREET ADDRESS			RESS		
	MIAMI BEACH FL			3.4. CITY-ST-ZIP					
TITLE	D	22/101/11/2		DELETE	4.1 TITL			Change Addition	n
NAME		ON, LOIS			4. 2 NA	ME		, and the second se	
STREET ADDRESS		NOX AVE, UNIT 2			4.3 STR	EET ADD	RESS		
CITY-ST-ZIP MIAMI BEACH FL					4.4 CITY-ST-ZIP				
TITLE	D			☐ DELETE	5.1 TITLE		Į	Change Addition)N
NAME		EB-ROBERTS,MARIL	YN		5.2 NAM				
STREET ADDRESS 800 LENOX AVE, UNIT 5					5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	CITY-ST-ZIP MIAMI BEACH FL			DELETE	5.4 CITY - S1 - ZIP 6.1 TITLE			☐ Change ☐ Additio	SD.
NAME	D Fuss, e	ERIC:		L. OLLLIL	6.2 NAM		}	C Change C Adole	91
STREET ADDRESS		NOX AVE, UNIT 1				re Eet addi	RESS		
CITY-ST-ZIP		BEACH FL				/- ST- <i>Z</i> (f			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or of an example of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

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FILED

Apr 02 1997 8:00am

Secretary of State