2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N31732

Entity Name: LENOX FLATS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 LENOX AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1400 LINCOLN RD
503
MIAMI, FL 331392190

New Mailing Address:

FEI Number: 65-0131626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REY, OSCAR O
1400 LINCOLN ROAD
503
MIAMI BEACH, FL 331392190 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KEEN, WILLIAM JR
Address: 900 LENOX AVE #1
City-St-Zip: MIAMI BEACH, FL

Title: SD ( ) Delete
Name: THORRE, REGINE,
Address: 900 LENOX AVE. #3
City-St-Zip: MIAMI BEACH, FL

Title: VD ( ) Delete
Name: COTTER, ALLISON
Address: 900 LENOX AVE #2
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COTTER, ALLISON
Address: 900 LENOX AVE #2
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change ( ) Addition
Name: DELAPLAINE, ANDREW
Address: 900 LENOX AVE. #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: SR (X) Change ( ) Addition
Name: THORRE, REGINE
Address: 900 LENOX AVE #3
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLISON COTTER P 04/20/2005

Electronic Signature of Signing Officer or Director — Date