

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31732

FILED  
Mar 20, 2009  
Secretary of State

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ALLISON COTTER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

03/20/2009

\_\_\_\_\_  
Date