

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 032 ****61.25

DOCUMENT # N37958

1. Entity Name

LENOX HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**3410 OAKMONT DR
PENSACOLA FL 32503
US**

Mailing Address

**3410 OAKMONT DR
PENSACOLA FL 32503
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2995680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOK, CAROL A
3410 OAKMONT DR
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **FARRAR, GREGORY**

Street Address (P.O. Box Number is Not Applicable) **3421 OAKMONT DR.**

City **Pens.** **FL** Zip Code **32503**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/6

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **COOK, CAROL A**
STREET ADDRESS **8410 OAKMONT DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **T** ☐ Delete
NAME **CARLAN, CAROL**
STREET ADDRESS **3420 OAKMONT DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **VPD** ☒ Delete
NAME **FARRAR, GREGORY**
STREET ADDRESS **3421 OAKMONT DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **SECT.** ☒ Delete
NAME **BALDWIN, SHARI**
STREET ADDRESS **3470 OAKMONT DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☒ Addition
NAME **FARRAR, GREGORY**
STREET ADDRESS **3421 OAKMONT DR.**
CITY-ST-ZIP **PENSACOLA, FL. 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME **JOHN HUTCHINSON**
STREET ADDRESS **3451 OAKMONT DR.**
CITY-ST-ZIP **PENS. FL. 32503**

TITLE **\$** ☒ Change ☐ Addition
NAME **CAROL NAYES**
STREET ADDRESS **3460 OAKMONT DR.**
CITY-ST-ZIP **PENS. FL. 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/6 850-434-8904