2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N37958

Entity Name: LENOX HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3420 OAKMONT DR
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

3420 OAKMONT DR
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-2995680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARLAN, CAROL
3420 OAKMONT DR
PENSACOLA, FL 32503 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: TENOSO, HOWARD
Address: 3440 OAKMONT DR
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete
Name: CARLAN, CAROL
Address: 3420 OAKMONT DR
City-St-Zip: PENSACOLA, FL 32503

Title: VPD ( ) Delete
Name: BELK, WILLIAM
Address: 3450 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: MAYES, CAROL
Address: 3460 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: NAVAS, LUIS
Address: 3441 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: OGLESBY, KATHY
Address: 3471 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

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

Title: PD (X) Change ( ) Addition
Name: BELK, WILLIAM
Address: 3450 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: T (X) Change ( ) Addition
Name: COOK, CAROL
Address: 3410 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: VPD (X) Change ( ) Addition
Name: NAVAS, LUIS
Address: 3441 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

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: CAROL CARLAN T 03/02/2009
Electronic Signature of Signing Officer or Director Date