


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90030 050 \*\*\*\*70.00

<b>DOCUMENT # N47406</b> 1. Entity Name <b>1446 LENNOX CONDO ASSOCIATION, INC.</b>					
Principal Place of Business <b>1446 LENOX AVE.</b> <b>MIAMI BCH., FL 33139 US</b>			Mailing Address <b>104 CRANDON BLVD</b> <b>SUITE #409</b> <b>KEY BISCAYNE, FL 33149 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			02062004 Chg-NP CR2E037 (10/03)		
			4. FEI Number <b>65-0383273</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RESEARCH MANAGEMENT CORPORATION</b> <b>104 CRANDON BLVD</b> <b>SUITE #409</b> <b>KEY BISCAYNE, FL 33-1496</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	<b>D</b> <b>BEAUREGARD, ANNA NOEL</b>	<input type="checkbox"/> Delete	TITLE	<b>S</b> <b>Change</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1446 LENOX AVE. #7</b>		NAME		
STREET ADDRESS	<b>MIAMI BEACH, FL 33139</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKKUM, LORI</b>		NAME		
STREET ADDRESS	<b>1446 LENOX AVE #5</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALSINA, LESLIE</b>		NAME		
STREET ADDRESS	<b>1446 LENOX AVE UNIT 8</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAMER, MARILYN</b>		NAME		
STREET ADDRESS	<b>1446 LENOX AVE 7</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANOSZEK, TOBIAS</b>		NAME		
STREET ADDRESS	<b>1446 LENOX AVE. #1</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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.					
<b>SIGNATURE:</b> <u>Tobias Franoszek</u> <b>3.14.04</b> <b>(305)361.2555</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					