

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47406

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: 1446 LENNOX CONDO ASSOCIATION, INC.

## Current Principal Place of Business:

1446 LENOX AVE.  
MIAMI BCH., FL 33139 US

## New Principal Place of Business:

## Current Mailing Address:

104 CRANDON BLVD  
SUITE #409  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

901 PONCE DE LEON BOULEVARD  
SUITE #505  
CORAL GABLES, FL 33134 US

FEI Number: 65-0383273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RESEARCH MANAGEMENT CORPORATION  
104 CRANDON BLVD  
SUITE #409  
KEY BISCAYNE, FL 331496 US

## Name and Address of New Registered Agent:

RESEARCH MANAGEMENT CORPORATION  
901 PONCE DE LEON BOULEVARD  
SUITE #505  
CORAL GABLES, FL 33134 US

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:

04/17/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAKKUM, LORI  
Address: 1446 LENOX AVE #5  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete  
Name: ALSINA, LESLIE  
Address: 1446 LENOX AVE UNIT 8  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: KRAMER, MARILYN  
Address: 1446 LENOX AVE 7  
City-St-Zip: MIAMI BEACH, FL 33139

Title: P ( ) Delete  
Name: FRANOSZEK, TOBIAS  
Address: 1446 LENOX AVE. #1  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Delete  
Name: CRNOBORI, CHRISTOPHER  
Address: 1446 LENOX AVE #7  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: BAKKUM, LORI  
Address: 1446 LENOX AVE #5  
City-St-Zip: MIAMI BEACH, FL 33139

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

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 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: MARILYN KRAMER

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04/17/2006

Electronic Signature of Signing Officer or Director

Date