2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N47406

Entity Name: 1446 LENOX CONDO ASSOCIATION, INC.

Current Principal Place of Business:

1446 LENOX AVE.
MIAMI BCH., FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O REARCH MANAGEMENT CORPORATION
901 PONCE DE LEON STE 505
CORAL GABLES, FL 33134

New Mailing Address:

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
901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134 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: S ( ) Delete
Name: BAKKUM, LORI
Address: 1446 LENOX AVE #5
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: KRAMER, LAWRENCE
Address: 1446 LENOX AVE #3
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Change ( ) Addition
Name: KRAMER, MARILYN
Address: 1446 LENOX AVE #3
City-St-Zip: MIAMI BEACH, FL 33139

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: TOBIAS FRANOSZEK P 04/29/2009

Electronic Signature of Signing Officer or Director — Date