

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003672 (3)**

1. Corporation Name

**LENNOX ISLE ASSOCIATION, INC.**



Principal Place of Business: **3300 UNIVERSITY DR SUITE 412 CORAL SPRINGS FL 33065**  
Mailing Address: **3300 UNIVERSITY DR SUITE 412 CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **08/13/1993**  
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **65-0486842**  
Applied For:  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KODSI, ISAAC P  
2875 S. UNIVERSITY DR.  
DAVE FL 33328**

81 Name: **SUNRAE MANAGEMENT SERVICES, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable): **4000 N. STATE ROAD 7, SUITE 408-A**  
83 City: **LAUDERDALE LAKES, FL 33319**  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Isaac P. Kodsí*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |  |
|-----------------|------------------------------|--|
| TITLE           | PD                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | KODSI, JOSEPH                |  |
| STREET ADDRESS  | 3300 UNIVERSITY DR SUITE 412 |  |
| CITY - ST - ZIP | CORAL SPRINGS FL 33065       |  |
| TITLE           | VD                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | KODSI, ALBERT                |  |
| STREET ADDRESS  | 3300 UNIVERSITY DR SUITE 412 |  |
| CITY - ST - ZIP | CORAL SPRINGS FL 33065       |  |
| TITLE           | STD                          | <input type="checkbox"/> DELETE            |
| NAME            | KODSI, DANIEL                |  |
| STREET ADDRESS  | 3300 UNIVERSITY DR SUITE 412 |  |
| CITY - ST - ZIP | CORAL SPRINGS FL 33065       |  |
| TITLE           |                              | <input type="checkbox"/> DELETE            |
| NAME            |                              |  |
| STREET ADDRESS  |                              |  |
| CITY - ST - ZIP |                              |  |
| TITLE           |                              | <input type="checkbox"/> DELETE            |
| NAME            |                              |  |
| STREET ADDRESS  |                              |  |
| CITY - ST - ZIP |                              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                      |  |
|---------------------|--------------------------------------|--|
| 1.1 TITLE           | PD                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | Freedman, Al                         |  |
| 1.3 STREET ADDRESS  | 1100 NW 117th Ave. Coral Sp, FL      |  |
| 1.4 CITY - ST - ZIP | 33071                                |  |
| 2.1 TITLE           | VD                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | Levinson, Cary                       |  |
| 2.3 STREET ADDRESS  | 1075 NW 117th Ave.                   |  |
| 2.4 CITY - ST - ZIP | Coral Springs, FL 33071              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE           | T/D                                  |  |
| 3.2 NAME            | Price, Mitch                         |  |
| 3.3 STREET ADDRESS  | 1187 NW 116th Ave. Coral Springs, FL |  |
| 3.4 CITY - ST - ZIP |                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE           | D                                    |  |
| 4.2 NAME            | Kodsi, Daniel                        |  |
| 4.3 STREET ADDRESS  | 3300 University Dr, Suite 408        |  |
| 4.4 CITY - ST - ZIP | Coral Springs, FL 33065              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE           | D                                    |  |
| 5.2 NAME            | Long, Carol Ann                      |  |
| 5.3 STREET ADDRESS  | 3300 University Drive, Suite 408     |  |
| 5.4 CITY - ST - ZIP | Coral Springs, FL 33065              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE           |                                      |  |
| 6.2 NAME            |                                      |  |
| 6.3 STREET ADDRESS  |                                      |  |
| 6.4 CITY - ST - ZIP |                                      |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfred I. Freedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALFRED I. FREEDMAN**

DATE:

**4/9/96**

DAYTIME PHONE #

**954-777-0488**

CR2E037 (12/95)