


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33065-6309
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3. Date Incorporated or Qualified 08/13/1993	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 SUNRAE MANAGEMENT SERVICES, INC. 4000 N. STATE RD. 7 STE. 408A LAUDERDALE LAKES, FL 33319	2a. Mailing Address 26 4000 N. State Road 7 Suite, Apt. #, etc. Suite 408-A 27 Lauderdale Lakes fl 28 33319 29 30
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4. FEI Number 65-0486842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SUNRAE MANAGEMENT SERV. INC.
4000 N STATE RD 7 STE 408-A
LAUDERDALE LAKES FL 33319**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FREEDMAN AL 1100 NW 117TH AVE CORAL SPS FL	<input type="checkbox"/> DELETE	1.1 TITLE 2ND VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME Freedman, AL
STREET ADDRESS			1.3 STREET ADDRESS 1100 NW 117th Ave.
CITY-ST-ZIP			1.4 CITY-ST-ZIP CORAL SPS, FL 33071
TITLE	VD LEVINSON, CARY 1075 NW 117TH AVE CORAL SPS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 1st VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME FAISON, JOANNE
STREET ADDRESS			2.3 STREET ADDRESS 1025 NW 117th Avenue
CITY-ST-ZIP			2.4 CITY-ST-ZIP CORAL SPS, FL 33071
TITLE	D KODSI, DANIEL 3300 UNIVERSITY DR. STE 408 CORAL SPRINGS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME GUESS, J.D.
STREET ADDRESS			3.3 STREET ADDRESS 11621 NW 13 MANOR
CITY-ST-ZIP			3.4 CITY-ST-ZIP CORAL SPS, FL 33071
TITLE	TD PRICE MITCH 1187 NW 116TH AVE CORAL SPS FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME SAMAI, PAULETTE
STREET ADDRESS			4.3 STREET ADDRESS 1085 NW 117th Avenue
CITY-ST-ZIP			4.4 CITY-ST-ZIP CORAL SPS, FL 33071
TITLE	D LONG CAROL ANN 3300 UNIVERSITY DR STE 408 CORAL SPS FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME SANTOS, ROLANDO
STREET ADDRESS			5.3 STREET ADDRESS 11679 NW 12th ST
CITY-ST-ZIP			5.4 CITY-ST-ZIP CORAL SPS, FL 33071
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE: *John David Guess* **John David Guess** 4/8/97 (954) 544-8384
DATE: _____ DAYTIME PHONE: _____

CR2E037 (9/96)