

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003672 (3)
1. Corporation Name
LENNOX ISLE ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
SUNRAE MANAGEMENT SERVICE INC 4000 N STATE ROAD 7 #408A LAUDERDALE LAKES FL 33319 US		4000 N STATE ROAD 7 STE #408A LAUDERDALE LAKES FL 33319 US	
21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22	27	27
	City & State		City & State
23	23	28	28
	Zip		Zip
	Country		Country
24	24	29	29
	Country		Country

3. Date Incorporated or Qualified	08/13/1993	
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	VPD FREEDMAN AL	1.1 TITLE	TREASURER
NAME	1100 NW 117TH AVE	1.2 NAME	SHULAK STEVE
STREET ADDRESS	CORAL SPRINGS FL	1.3 STREET ADDRESS	11649 N.W. 12TH ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL.
TITLE	VPD FAISON JOANNE	2.1 TITLE	PRD. PRESIDENT
NAME	1025 NW 117TH AVE	2.2 NAME	TURNAGE DARLENE
STREET ADDRESS	CORAL SPRINGS FL	2.3 STREET ADDRESS	1105 NW 117 AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL.
TITLE	PD GUESS, J D	3.1 TITLE	VPD
NAME	11621 NW 13 MANOR	3.2 NAME	GUESS, JD
STREET ADDRESS	CORAL SPRINGS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD SAMAI, PAULETTE	4.1 TITLE	SECRETARY/TREASURER
NAME	1085 NW 117TH AVE	4.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD SANTOS ROLANDO	5.1 TITLE	PD
NAME	11679 NW 18TH STREET	5.2 NAME	SANTOS, ROLANDO
STREET ADDRESS	CORAL SPRINGS FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	GREG Poulin
NAME		6.2 NAME	1008 NW 116 AVE.
STREET ADDRESS		6.3 STREET ADDRESS	CORAL SPRINGS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: <i>ROLANDO SANTOS</i>	
10 Jan '98	

CR2E037 (10/97)