


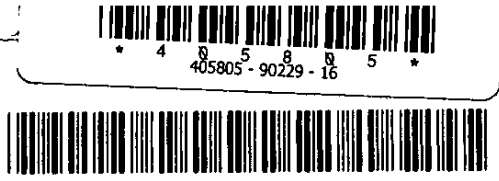
FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90229 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000003672 1. Corporation Name LENNOX ISLE ASSOCIATION, INC.		
Principal Place of Business SUNRAE MANAGEMENT SERVICE INC 4000 N STATE ROAD 7 #408A LAUDERDALE LAKES FL 33319 US	Mailing Address SUNRAE MGT. 4000 N STATE ROAD 7 STE #408A LAUDERDALE LAKES FL 33319 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	08/13/1993
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	65-0486842
24. Country	29. Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SUNRAE MANAGEMENT SERV. INC. 4000 N STATE RD 7 STE 408-A LAUDERDALE LAKES FL 33319				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULAK, STEVE <i>Sec/TREAS.</i>	1.2 NAME	STEVE SHULAK <i>TREAS.</i>
STREET ADDRESS	11649 NW 12TH STREET	1.3 STREET ADDRESS	11649 NW 12TH ST.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
1.5 NAME	TURNAGE, DARLENE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.6 STREET ADDRESS	1105 NW 117TH AVE	2.2 NAME	
1.7 CITY-ST-ZIP	CORAL SPRINGS FL	2.3 STREET ADDRESS	
1.8 CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
1.9 TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	AL FREEDMAN, VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.0 NAME	GUESS, J D	3.2 NAME	
2.1 STREET ADDRESS	11621 NW 13 MANOR	3.3 STREET ADDRESS	1100 NW 117 AVE
2.2 CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	C.S. FL 33071
2.3 TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	MAX RAUER <i>DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.4 NAME	SAMAI, PAULETTE	4.2 NAME	
2.5 STREET ADDRESS	1085 NW 117TH AVE	4.3 STREET ADDRESS	1145 NW 117 AVE
2.6 CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	C.S. FL 33071
2.7 TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	MARTIN KAPLAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.8 NAME	POULIN, GREG	5.2 NAME	
2.9 STREET ADDRESS	1008 NW 116TH AVE	5.3 STREET ADDRESS	1030 NW 117 AVE
2.10 CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	CORAL SPRINGS, FL
2.11 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.12 NAME		6.2 NAME	
2.13 STREET ADDRESS		6.3 STREET ADDRESS	
2.14 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, with all other like empowered.

SIGNATURE: *AL FREEDMAN* SIGNATURE REQUIRED *AL FREEDMAN* 4/14/99 954-711-0648
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)