

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90091 045 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000003672
 1. Entity Name
 Lennox Isle Association, Inc (P)

Principal Place of Business Mailing Address

2. Principal Place of Business 2085 University Dr
 Suite, Apt. #, etc. 3. Mailing Address 2085 University Dr
 Suite, Apt. #, etc.

City & State Coral Springs, Fl. City & State Coral Springs, Fl.
 Zip 33071 Country US Zip 33071 Country US

4. FEI Number 650486842 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Sunrae Mgt Srv.
 4000 N St Rd 7 #408A
 Landersdale Lakes, Fl

7. Name and Address of New Registered Agent
 Name Southeast Condominium Management
 Street Address (P.O. Box Number is Not Acceptable) 2085 University Drive
 City Coral Springs FL Zip Code 33071

8. 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 [Signature] 7/24/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	ST/D Shulak, Steve	<input type="checkbox"/> Delete
NAME	11649 NW 12 St.	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE	P/D Turnage, Darlene	<input checked="" type="checkbox"/> Delete
NAME	1105 NW 117 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE	VP/D Freedman, Al	<input type="checkbox"/> Delete
NAME	1100 NW 117 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE	D Raver, max	<input checked="" type="checkbox"/> Delete
NAME	1145 NW 117 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE	D Kaplan, martin	<input checked="" type="checkbox"/> Delete
NAME	1030 NW 117 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T Steve Shulak	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11649 NW 12 St	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE	D Liebhaver, Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1252 NW 117 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D Rita Addington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1124 NW 117 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE	VP/D Jill maver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1121 NW 117 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		
TITLE	P/D Wilson, Charles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1104 NW 116 Ave	
STREET ADDRESS	Coral Springs, Fl.	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: [Signature] 8/3/00
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)