

13 528  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90287 012 \*\*\*\*61.25

**DOCUMENT # N93000003672**

1. Entity Name

**LENNOX ISLE ASSOCIATION, INC.**

Principal Place of Business

2085 UNIVERSITY DR  
 CORAL SPRINGS FL 33071  
 US

Mailing Address

2085 UNIVERSITY DR  
 STE #408A  
 CORAL SPRINGS FL 33071  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0486842**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHEAST CONDOMINIUM MANAGEMENT**  
**2085 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHULAK, STEVE</b>	
STREET ADDRESS	<b>11649 NW 12TH STREET</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIEBHABER, ROBERT</b>	
STREET ADDRESS	<b>1252 NW 117 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREEDMAN, AL</b>	
STREET ADDRESS	<b>1100 NW 117 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ADDINGTON, RITA</b>	
STREET ADDRESS	<b>1124 NW 117 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>MAUER, JILL</b>	
STREET ADDRESS	<b>1121 NW 117 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, CHARLES</b>	
STREET ADDRESS	<b>1104 NW 116 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(i), 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 empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE OF REGISTERED AGENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/01

Date

(561) 391-8032

Daytime Phone #

CR2E037 (10/00)