

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -8 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N 93000003672

**1. Entity Name**  
LENNOX ISLE ASSOCIATION, INC.

**Principal Place of Business**  
853 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

**Mailing Address**  
INTEGRITY PROPERTY MANAGEMENT  
PO BOX 8726  
CORAL SPRINGS FL 33075

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**



DO NOT WRITE IN THIS SPACE

**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**  
Southeast Condominium Mgmt.  
2085 University Drive  
Coral Springs, FL. 33071

**7. Name and Address of New Registered Agent**  
Name: Cynthia G. Whittle  
Street Address (P.O. Box Number is Not Acceptable):  
953 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE: *Cynthia G. Whittle*      DATE: 11/2/02

Signature typed in block in charge of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Election Campaign Financing**  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**      **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	J.D. Guess 11621 NW 13 Manor Coral Springs, FL. 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	Todd Kight 1140 NW 117 Avenue Coral Springs, FL. 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	Jim Frank 1067 NW 116 Avenue Coral Springs, FL. 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	Henk Koornstra 1020 NW 117 Avenue Coral Springs, F.L. 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	Dick Greenawalt 1145 NW 117 Avenue Coral Springs, FL. 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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]*      DATE: 8/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #