
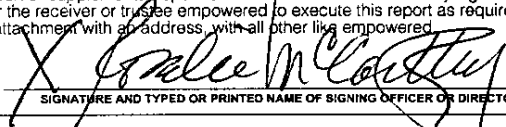


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90027 038 ****61.25

DOCUMENT # N93000003672					
1. Entity Name LENNOX ISLE ASSOCIATION, INC.					
Principal Place of Business 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US			Mailing Address PO BOX 8726 CORAL SPRINGS, FL 33075 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITTLE, CYNTHIA C 953 UNIVERSITY DR 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHAMOFF, JEFF		NAME	President	
STREET ADDRESS	1116 NW 117TH AVENUE		STREET ADDRESS	Rosalie McCarthy	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	1145 NW 117th Ave Coral Springs FL 33071	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	
NAME	KOORNSTRA, HENK		NAME	MARIA ZVOLENSKI	
STREET ADDRESS	1020 NW 117 AVENUE		STREET ADDRESS	1065 NW 117th Ave	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	
NAME	MANVER, JILL		NAME	Phyllis Baylin	
STREET ADDRESS	1121 NW 117TH AVENUE		STREET ADDRESS	1057 NW 116th Ave	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	
NAME	BARSKY, DAVID		NAME	Tamara Ketchum	
STREET ADDRESS	1164 NW 117TH AVENUE		STREET ADDRESS	11620 NW 12th St	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	
NAME			NAME	Mika Garry	
STREET ADDRESS			STREET ADDRESS	11633 NW 11th Pl	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					