

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N93000003672

Entity Name: LENNOX ISLE ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 770850
CORAL SPRINGS, FL 33077 US

New Principal Place of Business:

11606 N.W. 19 DRIVE
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

PO BOX 770850
CORAL SPRINGS, FL 33077 US

New Mailing Address:

FEI Number: 65-0486842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCK PROPERTY MANAGEMENT
11606 N.W. 19 DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

KAYE & BENDER
6261 NW 6 WAY
FT. LAUDERDALE, FL 33309 US

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: MICHAEL BENDER

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YELLIN, JONATHAN
Address: 11679 N.W. 12TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: ZVOLENSKI, MARIA
Address: 1065 NW 117TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: MIKA, GARRY
Address: 11633 NW 11 PL
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: AMICO, LEAH
Address: 11620 NW 12TH ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: MAURER, JILL
Address: 1121 NW 117 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MASSINGHAM, MARK
Address: 1204 NW 117TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN YELLIN

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date