FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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## DOCUMENT # N9800001633

1. Corporation Name

-LENOX-COURTYARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1635 SW 15TH STREET MIAMI FL 33145

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22

1635 SW 15TH STREET MIAMI FL 33145

2a. Mailing Address

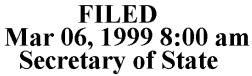
City & State

Suite, Apt. #, etc.

26

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28



03-06-1999 90111 017 \*\*\*\*61.25

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/20/1998

4. FEI Number

Zíp	Country	Zip	Country		6. Efection Campaign Financing	\$5.00	
24	25	29 3	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ered Agent	
			81	Name			
HUGO E.	DORTA, P.A.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	KELL KEY DRIVE		<u> </u>				
3RD FLO			83	83			
MIAMI FL			RA	84 City - 85			ode
			1 1	,		FL   ] _	
office or i	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was aut	inorized by	the corporation	poration submits this statement for the purpo- on's board of directors. I hereby accept the a	se of changing its in a pointment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if annicable (NOTE: E	Registered Agen	t signatura require	ad when reinstating) DA	ne	
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PTD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	FRANCO, ROLANDO		1.2 NAME				
STREET ADDRESS	AGGE ONL ACTUL OTDECT		1.3 STREET	ADDRESS	•		i
CITY-ST-ZIP	MIAMI FL 33145		1,4 CITY-ST	r-zip	•		
TITLE	VSD	☐ OELETE	2.1 TITLE			☐ Change	Addition
NAME	FRANCO, IGNACIA N		2.2 NAME	}			
STREET ADDRESS	ACCE ONLY ACTIVIDATED		2.3 STREET	ADORESS	•		
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	FRANCO, ROLANDO JR		3.2 NAME	)			
STREET ADDRESS	ACCE ON ACTIVIONE		3.3 STREET	T ADDRESS		v	
CITY-ST-ZIP	MIAMI FL 33145		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	j		4. 2 NAME	]			
STREET ADDRESS			4.3 STREET	ADDRESS	•	•	•
CITY-ST-ZIP	1		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	.[		5.3 STREET	ADDRESS		•	
CITY-ST-ZIP	1		5.4 CITY-\$	T-ZIP	<u> </u>		
TITLE		DELETE	6.1 TITLE		. =	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	TADDRESS			
CITY-ST-ZIP	1		6.4 CITY-S				
14. I hereby	certify that the information supplied with	this filing does not qualify for t	the exempti	ion stated in :	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the in	formation

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable