2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001633

FILED Mar 13, 2007 Secretary of State

Entity Name: LENOX COURTYARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

822 LENOX AVE #7 822 LENOX AVE

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

4250 JOHNSON STREET 822 LENOX AVE. #2 HOLLYWOOD, FL 33021 MIAMI BEACH, FL 33139

FEI Number: 65-0893531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADRIAN, LEE SIMMONS, PATRICK J 4250 JOHNSON STREET 822 LENOX AVE. #2

HOLLYWOOD, FL 33021 US MIAMI BEACH, FL 33139 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: PATRICK SIMMONS 03/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

 Name:
 ADRIAN, LEE
 Name:
 SIMMONS, PATRICK

 Address:
 822 LENOX AVE #7
 Address:
 822 LENOX AVE #2

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: V () Delete Title: () Change () Addition

 Name:
 LASO, ROSSI
 Name:

 Address:
 822 LENOX AVE #1
 Address:

 City-St-Zip:
 MIAMI, FL 33139
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 HEADLEY, KEN
 Name:

 Address:
 822 LENOX AVE #6
 Address:

 City-St-Zip:
 MIAMI, FL 33139
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 SMITH, ARMENTA
 Name:

 Address:
 822 LENOX AVE #8
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK SIMMONS PTD 03/13/2007