

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716900

Entity Name: LENOX VIEW CONDOMINIUM, INC.

Current Principal Place of Business:

947 LENOX AVE
MIAMI BEACH, FL 33139

Current Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT OF MIAMI BEACH
PO BOX 191042
MIAMI BEACH, FL 33119 US

FEI Number: 59-1383229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING RD STE C-207
FORT LAUDERDALE, FL 33312 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name MARTINEZ, DAVID
Address 947 LENOX AVE. #505
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY, DIRECTOR
Name BOGART, JASON
Address 947 LENOX AVE. #501
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR, TREASURER
Name ZUR, TOMAS
Address 947 LENOX AVE. #305
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name MURPHY, MARIE
Address 947 LENOX AVE. #605
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT, DIRECTOR
Name GARCES, EDUARDO
Address 947 LENOX AVE. #303
City-State-Zip: MIAMI BEACH FL 33139

Title LCAM
Name VELAZQUEZ, ANDREA
Address PO BOX 191042
City-State-Zip: MIAMI BEACH FL 33119

I hereby 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 all other like empowered.

SIGNATURE: ANDREA VELAZQUEZ

LCAM

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date