

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716900

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC1235274732**

**Entity Name:** LENOX VIEW CONDOMINIUM, INC.

**Current Principal Place of Business:**

947 LENOX AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O ENTITY PROPERTIES, LLC  
102900 OVERSEAS HWY SUITE 5  
KEY LARGO, FL 33037 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 P  
Name PARIS, REUBEN  
Address 102900 OVERSEAS HWY  
SUITE 5  
City-State-Zip: KEY LARGO FL 33037

Title SECRETARY  
Name VEGA, CONNIE  
Address 102900 OVERSEAS HWY  
SUITE 5  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name LAN, DAVID  
Address 102900 OVERSEAS HWY  
SUITE 5  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name KREMER, SEBASTIAN  
Address 102900 OVERSEAS HWY  
SUITE 5  
City-State-Zip: KEY LARGO FL 33037

Title TREASURER  
Name BRIAND, GUSTAVO  
Address 102900 OVERSEAS HWY  
SUITE 5  
City-State-Zip: KEY LARGO FL 33037

*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:** GUSTAVO BRIAND

**TREASURER**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date