

**2017 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, TREASURER, DIRECTOR  
Name MARTINEZ, DAVID  
Address 947 LENOX AVE. #505  
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY, DIRECTOR  
Name KERR, JENNY  
Address 947 LENOX AVE. #302  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name BONILLA, LIZZETTE  
Address 947 LENOX AVE. #403  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name KREMER, SEBASTIAN  
Address 947 LENOX AVE. #202  
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 C. MANGOLD, KRISTINA  
Address PO BOX 191042  
City-State-Zip: MIAMI BEACH FL 33119

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:** KRISTINA C. MANGOLD

LCAM

04/24/2017

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

\_\_\_\_\_  
Date