## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003672

Entity Name: LENNOX ISLE ASSOCIATION, INC.

FILED Feb 25, 2014 Secretary of State CC9646882181

## **Current Principal Place of Business:**

% BROCK PROPERTY MANAGEMENT 12444 WEST ATLANTIC AVENUE CORAL SPRINGS, FL 33071

## **Current Mailing Address:**

P.O. BOX 770850

CORAL SPRINGS, FL 33077 US

FEI Number: 65-0486842 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ALYSON, MARA MARA ALYSON, P.A. 11760 WEST SAMPLE ROAD SUITE 105 CORAL SPRINGS, FL 33065 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: MARA ALYSON 02/25/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name YELLIN, JONATHAN Name ZVOLENSKI, MARIA

Address % BROCK PROPERTY MANAGEMENT Address % BROCK PROPERTY MANAGEMENT

12444 WEST ATLANTIC AVENUE 12444 WEST ATLANTIC AVENUE

City-State-Zip: CORAL SPRINGS FL 33071 City-State-Zip: CORAL SPRINGS FL 33071

TitleDIRECTORTitleSECRETARYNameMILSTREY, SUSANNameAMICO, LEA

Address % BROCK PROPERTY MANAGEMENT Address % BROCK PROPERTY MANAGEMENT

12444 WEST ATLANTIC AVENUE 12444 WEST ATLANTIC AVENUE

City-State-Zip: CORAL SPRINGS FL 33071 City-State-Zip: CORAL SPRINGS FL 33071

Title VP

Name MASSINGHAM, MARK

Address % BROCK PROPERTY MANAGEMENT

12444 WEST ATLANTIC AVENUE

City-State-Zip: CORAL SPRINGS FL 33071

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.

Ρ

Electronic Signature of Signing Officer/Director Detail