

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48092** (3)
1. Corporation Name
LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business 6499 ILEX CIRCLE NAPLES FL 33942 US	Mailing Address 6499 ILEX CIRCLE NAPLES FL 33942 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/25/1992	4. FEI Number 65-0328699	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MENZIES, ROBERT G
ROETZEL & ANDRESS, LPA
3003 TAMAMI TRAIL NORTH, STE. 270
NAPLES FL 33940**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	CLARK, BILL G.
STREET ADDRESS	6499 ILEX CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	DSS
NAME	CAHILL, KATHRYN
STREET ADDRESS	6533 ILEX CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	DP
NAME	CEDRAS, ANDRE
STREET ADDRESS	6503 ILEX CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	TRUANT, ALDO
STREET ADDRESS	6511 ILEX CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	DVP
NAME	CLARK, BILL G.
STREET ADDRESS	6499 ILEX CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	CUTHBERTSON, JOHN H
STREET ADDRESS	6523 ILEX CIRCLE
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DVP
5.3 STREET ADDRESS	MCCOMB, JAMES J.
5.4 CITY-ST-ZIP	6521 ILEX CIRCLE
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bill G. Clark* 3.11.98 941 5751023

CP25037 (10/97)