

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90145 007 ****61.25

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DOCUMENT # N48092

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

98699 - 90145 - 7



2. Principal Place of Business

21 **6503 ILEX CR.**

Suite, Apt. #, etc.

22 **NAPLES FL**

City & State

23 **34109**

Zip

Country

25 **USA**

2a. Mailing Address

26 **6503 ILEX CR.**

Suite, Apt. #, etc.

27 **NAPLES FL**

City & State

28 **34109**

Zip

Country

29 **USA**

3. Date Incorporated or Qualified

03/25/1992

4. FEI Number

65-0328699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MENZIES, ROBERT G
ROETZEL & ANDRESS, LPA
3003 TAMiami 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

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CLARK, BILL G.**
STREET ADDRESS **6499 ILEX CIRCLE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **CAHILL, KATHRYN**
STREET ADDRESS **6533 ILEX CIRCLE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **CEDRAS, ANDRE**
STREET ADDRESS **6503 ILEX CIRCLE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **TRUANT, ALDO**
STREET ADDRESS **6511 ILEX CIRCLE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE

NAME **NILCOMB, JAMES J**
STREET ADDRESS **6521 KEY CIRCLE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DVP
MCCOMB JAMES J.
6521 ILEX CR.
NAPLES FL 34109

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, with all other like empowered.

SIGNATURE:

SIGNATURE *Andre Cedras*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 941-598-4518

Date

Daytime Phone #

CR2E037 (11/98)