


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90189 042 ****61.25

DOCUMENT # N48092 1. Entity Name LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6814 LONE OAK NAPLES FL 34109 US		Mailing Address 6814 LONE OAK NAPLES FL 34109 US			
2. Principal Place of Business 6499 ILEX CIRCLE Suite, Apt. #, etc.		3. Mailing Address 6499 ILEX CIRCLE Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 65-0328699	
Zip 34109		Country COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENZIES, ROBERT G ROETZEL & ANDRESS, LPA 3003 TAMiami TRAIL NORTH, STE. 270 NAPLES FL 33940				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAY, LAWRENCE K 6814 LONE OAK NAPLES FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAY, LAWRENCE K. 6814 LONE OAK NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHOBERG, LORRAINE 6487 ILEX CIRCLE NAPLES FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUANT, ALDO 6511 ILEX CIRCLE NAPLES FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTHBERTSON, JOHN 6523 ILEX CIR NAPLES FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARK, BILL G. 6499 ILEX CIRCLE NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KORDICK, GENE 6501 ILEX CIR. NAPLES FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KORDICK, GENE. 6501 ILEX CIRCLE NAPLES 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill G. Clark 2/15/06 239 5481023