

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004231

1. Entity Name

SOUTHMONT COVE AT LEXINGTON CONDOMINIUM ASSOCIAT

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90026 029 ****61.25

Principal Place of Business 17380 WINKLER RD. FT. MYERS FL 33908	Mailing Address 17380 WINKLER RD. FT. MYERS FL 33908-6000
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16257 Willowcrest Way Suite, Apt. #, etc.	3. Mailing Address 16257 Willowcrest Way Suite, Apt. #, etc.
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City & State Fort Myers FL	City & State Fort Myers FL	4. FEI Number 65-0734993	Applied For <input type="checkbox"/> Not Applicable
Zip 33908	Country USA	Zip 33908	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DARRAGH, JEFF
 17380 WINKLER RD.
 FT. MYERS FL 33908

7. Name and Address of New Registered Agent .

Name Barbara England
 Street Address (P.O. Box Number is Not Acceptable)
16257 Willowcrest Way
 City Fort Myers FL Zip Code 33908

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.

SIGNATURE [Signature] DATE 4/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DARRAGH, JEFF 17380 WINKLER RD. FT. MYERS FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GNAGEY, JOHN 17380 WINKLER RD. FT. MYERS FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SKIERA, ANDREA 17380 WINKLER RD. FT. MYERS FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, WILLIAM 9100 SOUTHMONT COVE #105 FT. MYERS FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON DAVID 9140 Southmont Cove #104 Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE REQUIRED DATE 4/11/00 DAYTIME PHONE # 941-561-4666

CR2E037 (9/99)