

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90044 029 ****61.25

DOCUMENT # N97000004231

1. Entity Name

SOUTHMONT COVE AT LEXINGTON CONDOMINIUM ASSOCIAT

Principal Place of Business

16257 WILLOWCREST WAY
 FT. MYERS FL 33908

Mailing Address

16257 WILLOWCREST WAY
 FT. MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0734993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLAND, BARBARA
 16257 WILLOWCREST WAY
 FT. MYERS FL 33908

Name

ENGLAND, BARBARA
 LEXINGTON COUNTRY CLUB
 16257 WILLOWCREST WAY

City

FT. MYERS, FL 33908

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **DARRAGH, JEFF**
 STREET ADDRESS **17380 WINKLER RD.**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **D/P** Change Addition
 NAME **URSO, TOM**
 STREET ADDRESS **16257 WILLOWCREST WAY**
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **DV** Delete
 NAME **GNAGEY, JOHN**
 STREET ADDRESS **17380 WINKLER RD.**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **D/S/T** Change Addition
 NAME **SMALL, TED**
 STREET ADDRESS **16257 WILLOWCREST WAY**
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **DST** Delete
 NAME **SKIERA, ANDREA**
 STREET ADDRESS **17380 WINKLER RD.**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **D** Change Addition
 NAME **MARLEY, BILL**
 STREET ADDRESS **16257 WILLOWCREST WAY**
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **D** Delete
 NAME **DAVID, ALLISON**
 STREET ADDRESS **9140 SOUTHMONT COVE #104**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: [Handwritten Signature]

5-1-01 415-1477

CR2E037 (10/00)