
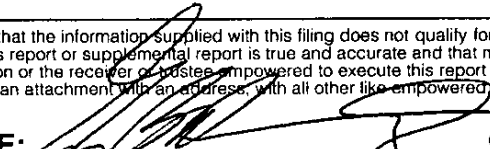


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90252 035 ****61.25

DOCUMENT # N97000004231					
1. Entity Name SOUTHMONT COVE AT LEXINGTON CONDOMINIUM ASSOCIATION, INC.					
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		
Zip	Country	Zip	Country	4. FEI Number 65-0734993	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUFF, BETH LEXINGTON COUNTRY CLUB 16257 WILLOWCREST WAY FT. MYERS, FL 33908			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>					
Filing 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	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNINGTON, GEORGE		NAME		
STREET ADDRESS	16257 WILLOWCREST WAY		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, GREGG		NAME		
STREET ADDRESS	16257 WILLOWCREST WAY		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLEY, BILL		NAME		
STREET ADDRESS	16257 WILLOWCREST WAY		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NORM		NAME		
STREET ADDRESS	16257 WILLOWCREST WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, JOHN		NAME		
STREET ADDRESS	16257 WILLOWCREST WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			George Dunnington 4/27/06 239-415-2774		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		