## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004231

FILED Mar 26, 2008 Secretary of State

Entity Name: SOUTHMONT COVE AT LEXINGTON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 16257 WILLOWCREST WAY FT. MYERS, FL 33908 **Current Mailing Address: New Mailing Address:** 16257 WILLOWCREST WAY FT. MYERS, FL 33908 FEI Number: 65-0734993 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUFF, BETH LEXINGTON COUNTRY CLUB 16257 WILLOWCREST WAY FT. MYERS, FL 33908 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DUNNINGTON, GEORGE BUSS, GENE Name: Name: 16257 WILLOWCREST WAY Address: 16257 WILLOWCREST WAY Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908 Title: Title: (X) Change ( ) Addition () Delete JANSEN, JOE Name: BYERS, MIRIAM Name: Address: 16257 WILLOWCREST WAY Address: 16257 WILLOWCREST WAY City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908 Title: () Delete Title: () Change () Addition SMITH, NORM Name: Name: 16257 WILOWCREST WAY Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: ( ) Delete Title: Title: () Change () Addition WHITMORE, JOHN Name: Name: 16257 WILLOWCREST WAY Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FRICKER, JIM Name: Name: FRICKER, JIM 16257 WILLOWCREST WAY 16257 WILLOWCREST WAY Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM FRICKER ST 03/26/2008