

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004231

FILED
Mar 24, 2011
Secretary of State

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

Current Principal Place of Business:

16257 WILLOWCREST WAY
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16257 WILLOWCREST WAY
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0734993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFF, BETH
LEXINGTON COUNTRY CLUB
16257 WILLOWCREST WAY
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Title: D
Name: BUSS, GENE
Address: 16257 WILLOWCREST WAY
City-St-Zip: FT. MYERS, FL 33908

Title: D
Name: CARLSON, RICHARD
Address: 16257 WILLOWCREST WAY
City-St-Zip: FT. MYERS, FL 33908

Title: P
Name: SMITH, NORM
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: WHITMORE, JOHN
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: ST
Name: FRICKER, JIM
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: NORM SMITH

PRES

03/24/2011

Electronic Signature of Signing Officer or Director

Date