


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90183 046 ****61.25

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| | | | | |
|--|---------|--|---------|---|
| 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 |



CHECK HERE IF MAKING CHANGES

| | | | | | |
|---|--|--|--|---|--|
| 6. Name and Address of Current Registered Agent ENGLAND, BARBARA 16257 WILLOWCREST WAY FT. MYERS FL 33908 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name Beth Huff | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) Lexington Country Club 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beth Huff **Beth Huff CAM, HOA Administrator** 3-31-03
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. <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 | D | <input checked="" type="checkbox"/> Delete | TITLE | President/Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | URSO, TOM | | NAME | George Dunnington | |
| STREET ADDRESS | 16257 WILLOWCREST WAY | | STREET ADDRESS | 16257 Willowcrest Way | |
| CITY-ST-ZIP | FT. MYERS FL 33908 | | CITY-ST-ZIP | Fort Myers FL 33908 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete | TITLE | Gregg Schrader | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMALL, TED | | NAME | 16257 Willowcrest Way | |
| STREET ADDRESS | 16257 WILLOWCREST WAY | | STREET ADDRESS | Fort Myers FL 33908 | |
| CITY-ST-ZIP | FT. MYERS FL 33908 | | CITY-ST-ZIP | Vice President | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARLEY, BILL | | NAME | Ahti Antio | |
| STREET ADDRESS | 16257 WILLOWCREST WAY | | STREET ADDRESS | 16257 Willowcrest Way | |
| CITY-ST-ZIP | FT. MYERS FL 33908 | | CITY-ST-ZIP | Fort Myers FL 33908 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MURCHELANO, ROBERT | | NAME | Tony Wiseman | |
| STREET ADDRESS | 16257 WILLOWCREST WAY | | STREET ADDRESS | 16257 Willowcrest Way | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | | CITY-ST-ZIP | Fort Myers FL 33908 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SWEENEY, ROBERT | | NAME | John Whitmore | |
| STREET ADDRESS | 16257 WILLOWCREST WAY | | STREET ADDRESS | 16257 Willowcrest Way | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | | CITY-ST-ZIP | Fort Myers FL 33908 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGLAND, BARBARA | | NAME | | |
| STREET ADDRESS | 16257 WILLOWCREST WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | | 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 REQUIRED **4-28-03** (339) 437-0404
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (10/02)