

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90320 044 ****61.25

DOCUMENT # **N98000006983**

1. Entity Name
**LEXINGTON OAKS OF PASCO COUNTY
HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2880 Scherer DR. N Suite, Apt. #, etc. 840 City & State PETERSBURG, FL.	3. Mailing Address 2880 Scherer DR. N Suite, Apt. #, etc. 840 City & State PETERSBURG, FL.
Zip 33716 Country FLORIDAS	Zip 33716 Country FLORIDAS

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4. FEI Number 593549209	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

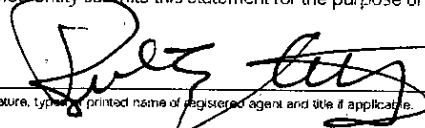
7. Name and Address of Current Registered Agent

Name
Paul Cottrell P.A.

Street Address (P.O. Box Number is Not Acceptable)
1505 N. FLORIDA AVE

City
TAMPA FL Zip Code
33602

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE PRESIDENT - D	NAME STEVE BENNETT	STREET ADDRESS 3810 NORTHDALE BLVD. SUITE 100	CITY - ST - ZIP TAMPA, FL. 33624
TITLE SECRETARY - D	NAME SCOTT NEAL	STREET ADDRESS 3810 NORTHDALE BLVD. SUITE 100	CITY - ST - ZIP TAMPA, FL. 33624
TITLE TREASURER - D	NAME TOM PRINCE	STREET ADDRESS 3810 NORTHDALE BLVD. SUITE 100	CITY - ST - ZIP TAMPA, FL. 33624
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE 