

N98000006983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

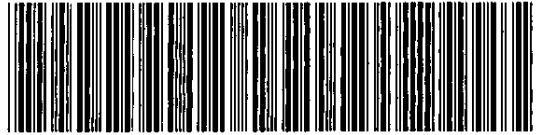
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
09 AUG 27 PM 4:44

T. Roberts AUG 28 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEXINGTON OAKS OF PASCO COUNTY HOMEOW
Name of Corporation

DOCUMENT NUMBER: N98000006983

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne M. Malley
Name of Contact Person

CONLEY, MALLEY & GOLSON, P.A.
Firm/Company

210 South Pinellas Avenue, Suite 270
Address

Tarpon Springs, FL 34689
City/State and Zip Code

sthomas@rampartproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne M. Malley at (727) 934-9400
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEXINGTON OAKS OF PASCO COUNTY HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 9887 Fourth Street North, Suite 301, St. Petersburg, FL 33702
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/09/1998 Document number: N98000006983

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John E. Conley
300 S. Duncan Ave., Suite 137
Clearwater, FL 33755

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Conley, Malley & Golson, P.A., c/o Anne M. Malley
210 South Pinellas Avenue, Suite 270
P.O. Box NOT acceptable
Tarpon Springs, FL 34689

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Rick Carroll, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

June 1, 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***