

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # **N30680 (5)**
1. Corporation Name
LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 92535 P.O. BOX 92535
LAKELAND FL 33804-9535 LAKELAND FL 33804-9535

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **02/14/1989** 3a. Date of Last Report **03/11/1994**
4. FEI Number **59-2988312** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MOWERY, SHARON
716 LAMP POST LANE
LAKELAND FL 33809

10. Name and Address of New Registered Agent
81 Name **John S. Bassett**
82 Street Address (P.O. Box Number, is Not Acceptable) **814 Lamp Post Lane**
83
84 City **Lakeland** FL 85 Zip Code **33809**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John S. Bassett Treasurer Feb 16, 1995
(NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOWERY, SHARON
STREET ADDRESS	716 LAMP POST LANE
CITY-ST-ZIP	LAKELAND FL
TITLE	DV
NAME	BASSETT, JOHN S
STREET ADDRESS	814 LAMP POST LANE
CITY-ST-ZIP	LAKELAND FL
TITLE	TS
NAME	GILMORE, NORINE
STREET ADDRESS	851 LAMP POST LANE
CITY-ST-ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Gahan	
1.3 STREET ADDRESS	858 Concord Lane	
1.4 CITY-ST-ZIP	Lakeland, Florida 33809	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas Sitton	
2.3 STREET ADDRESS	840 Concord Lane	
2.4 CITY-ST-ZIP	Lakeland, Florida 33809	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roberta Pfluke	
3.3 STREET ADDRESS	834 Concord Lane	
3.4 CITY-ST-ZIP	Lakeland, Florida 33809	
4.1 TITLE	T/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John S. Bassett	
4.3 STREET ADDRESS	814 Lamp Post Lane	
4.4 CITY-ST-ZIP	Lakeland, Florida 33809	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John S. Bassett John S. Bassett 2/16/95 (813) 959-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #