

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N30680** (5)

1. Corporation Name
LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **02/14/1989**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-2988312**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *John S. Bassett* February 6, 1996
Signature typed or printed name of registered agent and street if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GAHAN, THOMAS	
STREET ADDRESS	858 CONCORD LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SITTON, THOMAS	
STREET ADDRESS	840 CONCORD LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PFLUKE, ROBERTA	
STREET ADDRESS	834 CONCORD LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASSETT, JOHN S	
STREET ADDRESS	814 LAMP POST LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allan McDonald	
1.3 STREET ADDRESS	729 Concord	
1.4 CITY-ST-ZIP	Lakeland, FL 33809	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jose Oliveras, Sr.	
2.3 STREET ADDRESS	705 Concord	
2.4 CITY-ST-ZIP	Lakeland, FL 33809	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mrs Kimberly Poling	
3.3 STREET ADDRESS	744 Concord	
3.4 CITY-ST-ZIP	Lakeland, FL 33809	
4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John S. Bassett	
4.3 STREET ADDRESS	814 Lamp Post Lane	
4.4 CITY-ST-ZIP	Lakeland, FL 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 119.07(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* February 6, 1996 (941) 859-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)