

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
P.O. BOX 92535 P.O. BOX 92535  
LAKELAND FL 33804-9535 LAKELAND FL 33804-2535

3. Date Incorporated or Qualified 02/14/1989  
3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
BASSETT, JOHN S.  
814 LAMP POST LANE  
LAKELAND FL 33809  
10. Name and Address of New Registered Agent  
81 Name Carmen Oquendo  
82 Street Address (P.O. Box Number is Not Acceptable) 723 Concord Ln.  
83 Lakeland  
84 City 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: *Carmen Oquendo* Treasurer Carmen Oquendo 3/3/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	11 TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONALD, ALLAN		12 NAME Allan McDonald	
STREET ADDRESS 729 CONCORD		13 STREET ADDRESS 729 Concord Ln	
CITY-ST-ZIP LAKELAND FL	President	14 CITY-ST-ZIP Lakeland, FL 33809	
TITLE DV	<input type="checkbox"/> DELETE	21 TITLE DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLIVERAS, SR. JOSE		22 NAME Jose Oliveras Sr.	
STREET ADDRESS 705 CONCORD	Vice Pres.	23 STREET ADDRESS 705 Concord Ln.	
CITY-ST-ZIP LAKELAND FL		24 CITY-ST-ZIP Lakeland, FL 33809	
TITLE DS	<input checked="" type="checkbox"/> DELETE	31 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLING, KIMBERLY		32 NAME Angie Cole	
STREET ADDRESS 744 CONCORD		33 STREET ADDRESS 734 Lamp Post Lane	
CITY-ST-ZIP LAKELAND FL		34 CITY-ST-ZIP Lakeland, FL 33809	Secretary
TITLE TD	<input checked="" type="checkbox"/> DELETE	41 TITLE T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BASSETT, JOHN S		42 NAME Carmen Oquendo	
STREET ADDRESS 814 LAMP POST LANE		43 STREET ADDRESS 723 Concord Ln.	
CITY-ST-ZIP LAKELAND FL		44 CITY-ST-ZIP Lakeland, FL 33809	Treasurer
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 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: *Carmen Oquendo* 2/17/97 941-853-9495  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052729

CR2E037 (9/96)