

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
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DOCUMENT # N30680 (5)

1. Corporation Name

LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 92535  
LAKELAND FL 33804-9535

P.O. BOX 92535  
LAKELAND FL 33804-2535



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1989		3a. Date of Last Report 02/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2988312		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 City	Lakeland
84 State	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 <i>President</i>	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	23 STREET ADDRESS	705 Concord Ln.
CITY-ST-ZIP	LAKELAND FL <i>Vice Pres.</i>	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 <i>Secretary</i>
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 <i>treasurer</i>
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* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

941-853-9495

Date

Daytime Phone # 0052729

CR2E037 (9/96)