

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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, IN C.

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|---|---|
| Principal Place of Business P.O. BOX 92535 LAKELAND FL 33804-9535 | Mailing Address P.O. BOX 92535 LAKELAND FL 33804-9535 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
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|--|--|
| 3. Date Incorporated or Qualified 02/14/1989 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 59-2988312 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**OQUENDO, CARMEN
723 CONCORD LANE
LAKELAND FL 33809**

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| 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 |
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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* **John S. Bassett, Treasurer** **3/13/98**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | DP <input checked="" type="checkbox"/> DELETE |
| NAME | MCDONALD, ALLAN |
| STREET ADDRESS | 729 CONCORD |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | DV <input checked="" type="checkbox"/> DELETE |
| NAME | OLIVERAS, SR. JOSE |
| STREET ADDRESS | 705 CONCORD |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | DS <input checked="" type="checkbox"/> DELETE |
| NAME | COLE, ANGIE |
| STREET ADDRESS | 734 LANPOST LANE |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | T <input checked="" type="checkbox"/> DELETE |
| NAME | OQUENDO, CARMEN |
| STREET ADDRESS | 723 CONCORD LN. |
| 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 | Michael Martin |
| 1.3 STREET ADDRESS | 808 Lamp Post Lane |
| 1.4 CITY-ST-ZIP | Lakeland, Florida 33809 |
| 2.1 TITLE | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Raymond Young |
| 2.3 STREET ADDRESS | 728 Lamp Post Lane |
| 2.4 CITY-ST-ZIP | Lakeland, Florida 33809 |
| 3.1 TITLE | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Karl Thiele |
| 3.3 STREET ADDRESS | 692 Powder Horn Row |
| 3.4 CITY-ST-ZIP | Lakeland, Florida 33809 |
| 4.1 TITLE | DT <input checked="" 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, 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 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: *John S. Bassett* **Treasurer** **3/13/98** (941) 859-2720

CR2E037 (1097)