

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N30680**

1. Entity Name

LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, IN**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90136 028 ****61.25

924775

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2988312	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCDONALD, ALLAN S 729 CONCORD LANE LAKELAND FL 33809

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELE, KARL	NAME	
STREET ADDRESS	692 POWDER HORN ROW	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OQUENDO, CARMEN	NAME	
STREET ADDRESS	723 CONCORD LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, BETTY J	NAME	
STREET ADDRESS	729 CONCORD LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ALLAN S	NAME	
STREET ADDRESS	729 CONCORD LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allan S. McDonald - ALLAN S. MCDONALD 02-28-01 863-859 7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)