

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

0081474

**DOCUMENT # N30680**

1. Entity Name

**LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, INC.**

02-17-2002 90019 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 92535  
 LAKE LAND FL 33804-9535

P.O. BOX 92535  
 LAKE LAND FL 33804-9535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2988312**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, ALLAN S**  
**729 CONCORD LANE**  
**LAKE LAND FL 33809**

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 *Allan S McDonald*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. 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** ☒ Delete  
 NAME **THIELE, KARL**  
 STREET ADDRESS **692 POWDER HORN ROW**  
 CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **Mr. [REDACTED] James Lee Post** ☒ Change ☐ Addition  
 NAME **702 Lamp Post Lane**  
 STREET ADDRESS **Lakeland, FL 33809**  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **OQUENDO, CARMEN**  
 STREET ADDRESS **723 CONCORD LANE**  
 CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☒ Delete  
 NAME **MCDONALD, BETTY J**  
 STREET ADDRESS **729 CONCORD LANE**  
 CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **Georgie Duckwall** ☒ Change ☐ Addition  
 NAME **715 Lamp Post Lane**  
 STREET ADDRESS **Lakeland, FL 33809**  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **MCDONALD, ALLAN S**  
 STREET ADDRESS **729 CONCORD LANE**  
 CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-02  
 Date

Daytime Phone #

CR2E037 (9/01)