


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90048 012 ****61.25

DOCUMENT # N30680			
1. Entity Name LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 92535 LAKELAND FL 33804-9535		Mailing Address 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	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2988312		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, DAVID		NAME	Wendy Hasselman	
STREET ADDRESS	815 CONCORD LANE		STREET ADDRESS	803 Concord Lane	
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP	Lakeland FL 33809	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OQUENDO, CARMEN		NAME	Harvey Morts	
STREET ADDRESS	723 CONCORD LANE		STREET ADDRESS	728 LAMP Post Lane	
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP	Lakeland FL 33809	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, WILLIAM		NAME	DAVID Hasselman	
STREET ADDRESS	747 CONCORD LANE		STREET ADDRESS	803 Concord Lane	
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP	Lakeland FL 33809	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ALLAN S		NAME	Donna Perkins	
STREET ADDRESS	729 CONCORD LANE		STREET ADDRESS	750 Concord Lane	
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP	Lakeland FL 33809	
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: Donna Perkins - Donna Perkins - DT- 2-11-04 859-6348
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #