

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90034 043 ****61.25



DOCUMENT # N30680
 1. Entity Name
 LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business
 750 CONCORD LN
 LAKELAND, FL 33809

Mailing Address
 750 CONCORD LN
 LAKELAND, FL 33809



2. Principal Place of Business - No P.O. Box #
 121 Raintree Ct

3. Mailing Address
 PO Box 95

Suite, Apt. #, etc.

02212008 Chg-NP CR2E037 (12/06)

City & State
 Auburndale FL

City & State
 Auburndale FL

Zip
 33823

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
 PERKINS, DONNA
 750 CONCORD LN
 LAKELAND, FL 33809

7. Name and Address of New Registered Agent
 Name: David Burman
 Street Address (P.O. Box Number is Not Acceptable): 121 Raintree Ct
 City: Auburndale FL Zip: 33823

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: *David Burman* DATE: 2-22-08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP PERKINS, DONNA 750 CONCORD LN LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORTS, HARVEY 728 LAMP POST LANE LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HASSLEMAN, DAVID 803 CONCORD LANE LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERKINS, DONNA 750 CONCORD LANE LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* President DATE: 2-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #