


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90263 025 ****61.25

DOCUMENT # N30680

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



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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCDONALD, ALLAN S
729 CONCORD LANE
LAKELAND FL 33809

4. FEI Number **59-2988312** Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Allan S. McDonald* *David Grant* **2-3-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | POST, JAMES LEE | |
| STREET ADDRESS | 702 LAMP POST LANE | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | OQUENDO, CARMEN | |
| STREET ADDRESS | 723 CONCORD LANE | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | DUCKWELL, GEORGIE | |
| STREET ADDRESS | 715 LAMP POST LANE | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | MCDONALD, ALLAN S | |
| STREET ADDRESS | 729 CONCORD LANE | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David Grant | |
| STREET ADDRESS | 815 Concord Lane | |
| CITY-ST-ZIP | Lakeland, Fl. 33809 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William Hoffman | |
| STREET ADDRESS | 747 Concord Lane | |
| CITY-ST-ZIP | Lakeland, Fl. 33809 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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* **02-03-03**

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

CR2E037 (10/02)