

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48092

Entity Name: LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0328699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMNT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

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: DENNIS F LIVELY

04/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name DAY, LAWRENCE K
Address 6814 LONE OAK
City-State-Zip: NAPLES FL 34109

Title DST
Name ALTER, IVANA
Address 6521 ILEX CIRCLE
City-State-Zip: NAPLES FL 34109

Title D
Name BRADEN, JOE
Address 6515 ILEX CIR
City-State-Zip: NAPLES FL 34109

Title DVP
Name VICARELLA, PETER
Address 6531 ILEX CIRCLE
City-State-Zip: NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE K DAY

PRESIDENT

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date