

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48092

**Entity Name:** LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**9636599926CC****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**04/30/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	S
Name	PETTIT, LORRAINE
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	T
Name	JOZEFOWICZ, EWA
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	MULLER, MARJIM
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
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:** EWA JOZEFOWICZ**TREASURER****04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date