2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004231

Entity Name: SOUTHMONT COVE AT LEXINGTON CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

16257 WILLOWCREST WAY FT. MYERS, FL 33908

Current Mailing Address:

16257 WILLOWCREST WAY FT. MYERS, FL 33908

FEI Number: 65-0734993 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEAGO, BRANDI 16257 WILLOWCREST WAY FT. MYERS, FL 33908 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: BRANDI SEAGO 02/18/2024

Electronic Signature of Registered Agent

Date

FILED Feb 18, 2024

Secretary of State

7421769511CC

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY, TREASURER

Name ZIONKOWSKI, TOM Name KELLAM, PATRICK J

Address 16257 WILLOWCREST WAY Address 16257 WILLOWCREST WAY

City-State-Zip: FT. MYERS FL 33908 City-State-Zip: FT. MYERS FL 33908

VΡ Title **DIRECTOR** Title

TROTTER, PETER Name CRUMBO, DAVID J Name

Address 16257 WILLOWCREST WAY Address 16257 WILLOWCREST WAY City-State-Zip: FT MYERS FL 33908

Title DIRECTOR Name DEMEO, JERRY

City-State-Zip:

16257 WILLOWCREST WAY Address

FT. MYERS FL 33908

City-State-Zip: FT MYERS FL 33908

SIGNATURE: TOM ZIONKOWSKI

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.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/18/2024

Date