

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006983

FILED
Mar 17, 2022
Secretary of State
9771058417CC

Entity Name: LEXINGTON OAKS OF PASCO COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O REALMANAGE
5523 W CYPRESS ST SUITE 102
TAMPA, FL 33607

Current Mailing Address:

C/O REALMANAGE
P O BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-3549209

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name OZAR, EILEEN
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

Title VP
Name REMLEY, CHRISTOPHER
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

Title TREASURER
Name CONSTANTINO, RANDAL
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name TROWSE, MICHAEL
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PROFFITT, JASON
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name CONSTANTINO, JOSEPH
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PATANE, ANGELYNA
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name HANNA, DONALD THOMAS
Address C/O REALMANAGE
 5523 W CYPRESS ST SUITE 102
City-State-Zip: TAMPA FL 33607

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: EILEEN OZAR

PRESIDENT

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date