

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006983

**Entity Name:** LEXINGTON OAKS OF PASCO COUNTY HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Jan 20, 2023**  
**Secretary of State**  
**6202415048CC****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            DIRECTOR  
Name            HANNA, DONALD THOMAS  
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            SECRETARY  
Name            TROWSE, MICHAEL  
Address        C/O REALMANAGE  
                 5523 W CYPRESS ST SUITE 102  
City-State-Zip: TAMPA FL 33607

Title            DIRECTOR  
Name            PATANE, ANGELLYNA  
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****01/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date