## **2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006983

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

Officer/Director Detail:

Title TREASURER Title PRESIDENT

Name MILLER, MARIE Name OZAR, EILEEN

Address C/O REALMANAGE Address C/O REALMANAGE

5523 W CYPRESS ST SUITE 102 5523 W CYPRESS ST SUITE 102

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title DIRECTOR Title DIRECTOR

Name REMLEY, CHRISTOPHER Name TROWSE, MICHAEL

Address C/O REALMANAGE Address C/O REALMANAGE

Address C/O REALMANAGE Address C/O REALMANAGE 5523 W CYPRESS ST SUITE 102 5523 W CYPRESS ST SUITE 102

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

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Title VP Title SECRETARY

Name HANNA, DONALD THOMAS Name STASKIEL, LINDA

Address C/O REALMANAGE Address C/O REALMANAGE

5523 W CYPRESS ST SUITE 102 5523 W CYPRESS ST SUITE 102

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title DIRECTOR

Name PHOMMAVONGSAI, JOHN

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 03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Date

FILED Mar 22, 2024

Secretary of State

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