

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90026 004 ****61.25

DOCUMENT # 741266

1. Entity Name

THE LEXINGTON OF NAPLES ASSOCIATION, INC.



Principal Place of Business

4022 BELAIR LANE
APT #1
NAPLES FL 34103
US

Mailing Address

4022 BELAIR LANE
APT #1
NAPLES FL 34103
US

2. Principal Place of Business - No P.O. Box #

4022 BELAIR LANE

3. Mailing Address

4022 BELAIR LANE

Suite, Apt. #, etc.

Apt #2

Suite, Apt. #, etc.

Apt #2

City & State

NAPLES, FL

City & State

Naples, FL

Zip

34103

Country

Collier

Zip

34103

Country

Collier

4. FEI Number

59-2064098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

VLAHOPOULOS, KATHLEEN
4022 BELAIR LANE
APT #2
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VLAHOPOULOS, SOTIREES	
STREET ADDRESS	4022 BELAIR LANE #2	
CITY- ST- ZIP	NAPLES FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORTSHEID, ANN	
STREET ADDRESS	4022 BELAIR LN #7	
CITY- ST- ZIP	NAPLES FL 34103	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LYLE, ROBERT	
STREET ADDRESS	4022 BELAIR LN #5	
CITY- ST- ZIP	NAPLES FL 34103	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VLAHOPOULOS, KATHLEEN	
STREET ADDRESS	4022 BELAIR LN #2	
CITY- ST- ZIP	NAPLES FL 34103	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ORTSHEID, RON	
STREET ADDRESS	4022 BELAIR LANE 7	
CITY- ST- ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Vlahopoulos, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07 (239) 213-0881

Date

Daytime Phone #