2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# 741266

Entity Name: THE LEXINGTON OF NAPLES ASSOCIATION, INC.

Current Principal Place of Business:

4022 BELAIR LANE
APT #2
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4022 BELAIR LANE
APT #2
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2064098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VLAHOPOULOS, SOTIREES
Address: 4022 BELAIR LANE #2
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete
Name: ORTSHEID, ANN
Address: 4022 BELAIR LN #7
City-St-Zip: NAPLES, FL 34103

Title: VPD ( ) Delete
Name: LYLE, ROBERT
Address: 4022 BELAIR LN #5
City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete
Name: VLAHOPOULOS, KATHLEEN
Address: 4022 BELAIR LN #2
City-St-Zip: NAPLES, FL 34103

Title: VPD ( ) Delete
Name: ORTSHEILD, RON
Address: 4022 BELAIR LANE 7
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ORTSCHEID, ANN
Address: 4022 BELAIR LN #7
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: ORTSCHEID, RON
Address: 4022 BELAIR LANE 7
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RON ORTSCHEID VPD 02/14/2009

Electronic Signature of Signing Officer or Director — Date