


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90348 006 ****61.25

60029071



DOCUMENT # 769395					
1. Entity Name THE LEXINGTON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1031 SE 9TH STREET CAPE CORAL, FL 33990 US		Mailing Address PO BOX 151845 CAPE CORAL, FL 33904 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2677235	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZUNINO, PAOLA 3645 SE 8TH PLACE CAPE CORAL, FL 33904			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		<i>Paola Zunino</i>		4/20/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHELLE, SONNIE		NAME		
STREET ADDRESS	1912 SE 43RD ST. #112		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	See/Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOHN		NAME	<i>John White Andrew Leicht</i>	
STREET ADDRESS	1031 SE 9TH ST. #8		STREET ADDRESS	<i>2504 SE 16th place</i>	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	<i>Cape Coral FL 33904</i>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHELETTE, SARAH		NAME	<i>John White</i>	
STREET ADDRESS	609 WILWOOD BLVD		STREET ADDRESS	<i>1031 SE 9th Street #8</i>	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	<i>Cape Coral FL 33990</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sonnice Rochelle</i>		Sonnice Rochelle		6-20-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

239-549-1719