

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769395

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE LEXINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1031 SE 9TH STREET
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 151845
CAPE CORAL, FL 33904 US

New Mailing Address:

C/O REALTY SERVICES
2525 PARKWAY STREET
FORT MYERS, FL 33901 US

FEI Number: 59-2677235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUNINO, PAOLA
C/O GPM, INC
2799 DEL PRADO BLVD
CAPE CORAL, FL 33903 US

Name and Address of New Registered Agent:

REALTY SERVICES
2525 PARKWAY STREET
FORT MYERS, FL 33901 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: MICHAEL MCVETY

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROCHELLE, SONNIE
Address: 1912 SE 43RD ST. #112
City-St-Zip: CAPE CORAL, FL 33904

Title: ST () Delete
Name: GOLINO, AJ
Address: 36 BLAKESLEE AVE
City-St-Zip: NORTH HAVEN, CT 06473

Title: VP () Delete
Name: WHITE, JOHN
Address: 1031 SE 9TH ST 8
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: GOLINO, AJ
Address: 1031 SE 9TH ST #6
City-St-Zip: CAPE CORAL, FL 33904

Title: TD (X) Change () Addition
Name: WHITE, JOHN
Address: 1031 SE 9TH ST 8
City-St-Zip: CAPE CORAL, FL 33990

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: SONNIE ROCHELLE

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date