

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M77113

FILED
Apr 26, 2004
Secretary of State

Entity Name: LEXINGTON OAKS GOLF CLUB, INC.

Current Principal Place of Business:

4014 GUNN HWY
SUITE 250
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

100 BLOOMFIELD HILLS PKWY
SUITE 300
BLOOMFIELD HILLS, MI 48304

New Mailing Address:

FEI Number: 59-2884802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWEN, JAMES
Address: 3810 NORTHDAL E BOULEVARD STE 100
City-St-Zip: TAMPA, FL 33624 US

Title: DVS () Delete
Name: STOLLER, JOHN R
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

Title: VTAS () Delete
Name: ROBINSON, BRUCE E.
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

Title: D () Delete
Name: FREES, VINCENT J
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMPBELL, SCOTT
Address: 3810 NORTHDAL E BOULEVARD STE 100
City-St-Zip: TAMPA, FL 33624 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R STOLLER

DVPS

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date