2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000004566 1. Entity Name NHDC LEXINGTON SQUARE APARTMENTS, INC.



Principal Place of Business OUCE HAVEN AVE SEE 100 Mailing Address ONES HAVEN AVE STE 100

		l					
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						
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FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90076 047 ****70.00

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RANCHO CUCAMONGA, CA 91730 SUI				OTE 220 NCHO CUCAMONGA, CA 91730			 		 11 1 				
2. Principal Place of Business - No P.O. Box # 3. Mai				ing Address									
Suite, Apt. #, etc. Su				uite, Apt. #, etc.			01082007 CI	ng-NP	CR2E0	37 (12/06)			
City & State C			Cit	ity & State			4. FEI Number Applied For 59-3728320 Not Applied ble						
Zip	Country Zip C			Cou	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current R	legistere	d Agent				7. Name and Add	ress of New R	egistered :			
						Name							
CT CORPO						Street Address (P.O. Box Number is Not Acceptable)							
1200 S. PI PLANTATI					Street Address			(P.O. Box Number is Not Acceptable)					
	0.1,120	V											
						City	•			FL	Zip Cod	9	
8. The above	named entit	y submits this statement for	the purp	ose of changing its	registere	ed office or	register	ed agent, or both, in	the State of Flo	rida. I am	familiar with,	and accept	
the obligat	ions of regist	ered agent.											
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOTE	Registere	d Agent signatu	ure required	t when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007			Election Campaign Financing Trust Fund Contribution,				\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE	EDD			Delete	TITLE		CF	Pick Whi	Hinaham		☐ Change	Addition	
NAME	l	, CHRISTOPHER M		,	NAM			065 HAVEN					
STREET ADDRESS CITY-ST-ZIP		OTHILL BLVD STE 220 CUCAMONGA, CA 917	720		ET ADURESS -ST-ZIP	RANCHO CHOAMONGA CA 91730							
	SD	COCAMONGA, CA 911	30	NST/a	TITLE		D	0.00.00			☐ Change	Addition	
TITLE NAME	I -	YE, ROBERT G		Delete	NAM			REBECLA			change	, accision	
STREET ADDRESS	l	OTHILL BLVD STE 220				ET ADDRESS	_	65 HAVEN A					
CITY-ST-ZIP	RANCHO	CUCAMONGA, CA 917	730		CITY	-ST-ZIP	HAI	VCHO CUCAN	ionga, C	:A 917	'30		
TITLE	TD			Delete	TITLI		5 ,	DORETTA B	לומניק		Change	Addition	
NAME		MARTHA A		/	NAM	-		65 HAVEN A		= 100			
STREET ADDRESS		OTHILL BLVD STE 220				ET ADDRESS		NCHO CUCA			730		
CITY-ST-ZIP	RANCHO	CUCAMONGA, CA 917	30			-ST-ZIP	IVA	INCHO COCA	-		,		
NAME				☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZiP						-ST-ZIP							
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NAME					NAM	E					_		
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TITLE				☐ Delete	TITLE						Change	☐ Addition	
NAME CIDELL ADDRESS					NAM								
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -ST-71P							

12. Thereby 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 it 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: 2

Richard J. Whittingham, CPA Chief Financial Officer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #