## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003545

FILED Apr 22, 2010 Secretary of State

Entity Name: LEXINGTON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4900 MANATEE AVENUE WEST SUITE 104 BRADENTON, FL 34209

Current Mailing Address: New Mailing Address:

4900 MANATEE AVENUE WEST SUITE 104 BRADENTON, FL 34209

FEI Number: 55-0851557 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLATINUM COMMUNITY SERVICES, LLC
4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209 US

PLATINUM COMMUNITY MANAGEMENT, LLC
4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209 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: PETRA WINEGAR 04/22/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

 Name:
 KOEPNICK, JAMES

 Address:
 11476 57TH STREET EAST

 City-St-Zip:
 PARRISH, FL 34219

Title: VP

Name: TREMMEL, ALLEN

Address: 11588 57TH STREET CIRCLE EAST

City-St-Zip: PARRISH, FL 34219

Title: ST

Name: RICCI, CARL

Address: 11475 57TH STREET EAST City-St-Zip: PARRISH, FL 34219

Title: [

Name: STAPLES, DAVID

Address: 11594 57TH STREET CIRCLE EAST

City-St-Zip: PARRISH, FL 34219

Title:

Name: KARPINSKY, GREG
Address: 5637 LEXINGTON DRIVE
City-St-Zip: PARRISH, FL 34219

I hereby 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 all other like empowered.

SIGNATURE: PETRA WINEGAR CAM 04/22/2010