

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006506

FILED
Mar 17, 2009
Secretary of State

Entity Name: LEXINGTON PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16630 N. DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

16630 N. DALE MABRY HWY
TAMPA, FL 336181400 US

Current Mailing Address:

16630 N. DALE MABRY HWY
TAMPA, FL 33618

New Mailing Address:

16630 N. DALE MABRY HWY
TAMPA, FL 336181400 US

FEI Number: 11-3707932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HWY
TAMPA, FL 336181400 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: JOHN WESTFALL

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONCUR, DENNIS
Address: 11339 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626

Title: STD () Delete
Name: KIM, CHRISTINA
Address: 11345 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: WATERMAN, WILLIAM
Address: 11345 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: FILUTA, NICK
Address: 11339 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KRUSE, DON
Address: 11309 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626 US

Title: DT (X) Change () Addition
Name: FILUTA, NICK
Address: 11339 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626 US

Title: DP (X) Change () Addition
Name: WATERMAN, WILLIAM
Address: 11345 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626 US

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

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: WILLIAM WATERMAN

DP

03/17/2009

Electronic Signature of Signing Officer or Director

Date