

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 007 ****61.25

DOCUMENT # N04000004113					
1. Entity Name LEXINGTON COURT III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17595 S. TAMiami TRAIL, SUITE 100 FT. MYERS, FL 33908			Mailing Address 17595 S. TAMiami TRAIL, SUITE 100 FT. MYERS, FL 33908		
2. Principal Place of Business 2907 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 301 City & State Tampa, FL Zip 33629		3. Mailing Address 2907 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 301 City & State Tampa, FL Zip 33629		4. FEI Number 20-1873084	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JOHN 12730 NEW BRITTANY BLVD., SUITE 403 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name <u>CT Corporation System</u> Street Address (P.O. Box Number is Not Acceptable) <u>Ste. 250</u> <u>1200 South Pine Island Road</u> City <u>Plantation</u> FL <u>33324</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u>Lauren Greco</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Lauren Greco Assistant Secretary </div> <div style="width: 20%; text-align: right;"> <u>1/7/05</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MORRIS, JON 2907 BAY TO BAY BLVD., #301 TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter R. Comeau 2907 Bay to Bay Blvd. Ste. 301 Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CAMPBELL, JOHN 12730 NEW BRITTANY BLVD., SUITE 403 FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2907 Bay to Bay Blvd. Ste. 301 Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete BRUNOW, TOM 6025 CARLTON LAKES BLVD. NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniel Forkell 2907 Bay to Bay Blvd. Ste. 301 Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Peter R. Comeau</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Peter R. Comeau 1-11-05</u> <small>Date</small>		
			<u>813-835-9200</u> <small>Daytime Phone #</small>		

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