

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-09-2005 90051 006 ****61.25

DOCUMENT # N04000004115					
1. Entity Name LEXINGTON COURT II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17595 S. TAMiami TRAIL, SUITE 100 FT. MYERS, FL 33907			Mailing Address 17595 S. TAMiami TRAIL, SUITE 100 FT. MYERS, FL 33907		
2. Principal Place of Business 2907 Bay to Bay Blvd. Suite, Apt. #, etc. <u>Suite 301</u> City & State <u>Tampa, FL</u> Zip <u>33629</u> Country <u>USA</u>		3. Mailing Address 2907 Bay to Bay Blvd. Suite, Apt. #, etc. <u>Suite 301</u> City & State <u>Tampa, FL</u> Zip <u>33629</u> Country <u>USA</u>			
01052005 Chg-NP		CR2E037 (10/03)			
4. FEI Number <u>20-1873035</u>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
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: center;"> <div style="width: 30%;"> 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: 30%; 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					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, JON		NAME	Peter R. Comeau	
STREET ADDRESS	2907 BAY TO BAY BLVD., #301		STREET ADDRESS	2907 Bay to Bay Blvd Ste. 301	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33629	
D		<input type="checkbox"/> Delete	VP/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JOHN		NAME	2907 Bay to Bay Blvd. Ste. 301	
STREET ADDRESS	12730 NEW BRITTANY BLVD., SUITE 403		STREET ADDRESS	Tampa, FL 33629	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
D		<input checked="" type="checkbox"/> Delete	S/D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNOW, TOM		NAME	Daniel Forkell	
STREET ADDRESS	6025 CARLTON LAKES BLVD.		STREET ADDRESS	2907 Bay to Bay Blvd. Ste. 301	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Tampa, FL 33629	
D		<input type="checkbox"/> Delete	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
D		<input type="checkbox"/> Delete	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 any 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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