

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000004115

1. Entity Name  
LEXINGTON COURT II CONDOMINIUM ASSOCIATION,  
INC.



FILED

05 MAY -5 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2907 BAY TO BAY BLVD  
SUITE 301  
TAMPA, FL 33629

Mailing Address  
2907 BAY TO BAY BLVD  
SUITE 301  
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Advanced Property Management  
Service, Inc.

Advanced Property Management  
Service, Inc.

00022005 Chg-NP CR2E037 (10/03)

3350 Woods Edge Circle, Ste 104  
Bonita Springs, FL 34134

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Bonita Springs, FL 34134

4. FEI Number  
20-1873035

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD #250  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name  
Advanced Property Management  
Service, Inc.  
Street Address (P.O. Box Number if applicable)  
3350 Woods Edge Circle, Ste 104  
City  
Bonita Springs, FL 34134 FL Zip Code

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.

SIGNATURE

*Susan L. Koyano*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D ☒ Delete  
NAME COMEAU, PETER R  
STREET ADDRESS 2907 BAY TO BAY BLVD., #301  
CITY-ST-ZIP TAMPA, FL 33629

TITLE VP/D ☒ Delete  
NAME CAMPBELL, JOHN  
STREET ADDRESS 2907 BAY TO BAY BLVD STE 301  
CITY-ST-ZIP TAMPA, FL 33629

TITLE STD ☒ Delete  
NAME FORKELL, DANIEL  
STREET ADDRESS 2907 BAY TO BAY BLVD STE 301  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition  
NAME BARBARA MASSEY  
STREET ADDRESS 6350 LEXINGTON COURT #201  
CITY-ST-ZIP NAPLES, FL 34110

TITLE DVP ☐ Change ☒ Addition  
NAME BONNIE MURPHY  
STREET ADDRESS 6360 LEXINGTON COURT #201  
CITY-ST-ZIP NAPLES, FL 34110

TITLE DST ☐ Change ☒ Addition  
NAME ZITA OAKLEY  
STREET ADDRESS 6340 LEXINGTON COURT #102  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an address with all other like empowered.

SIGNATURE:

*Barbara Massey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #