

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90197 007 \*\*\*\*61.25

<b>DOCUMENT # N04000004115</b> 1. Entity Name LEXINGTON COURT II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 3350 WOODS EDGE CIRCLE, STE 104 BONITA SPRINGS, FL 34134		Mailing Address ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 3350 WOODS EDGE CIRCLE, STE 104 BONITA SPRINGS, FL 34134	
2. Principal Place of Business <b>Advanced Property Management Service, Inc.</b> <b>1035 Collier Center Way, #7</b> City & State <b>Naples, FL 34110</b>		3. Mailing Address <b>Advanced Property Management Service, Inc.</b> <b>1035 Collier Center Way, #7</b> City & State <b>Naples, FL 34110</b>	
Zip Country 34110 FL		4. FEI Number 20-1873035	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 3350 WOODS EDGE CIRCLE, STE 104 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name <b>Advanced Property Management Service, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1035 Collier Center Way, #7</b> City <b>Naples, FL 34110</b> <b>FL</b> 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 <i>Susan L. Thompson</i> Signature, typed or printed name of registered agent and date if applicable.		SUSAN L. THOMPSON, AGENT 03/21/06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASSEY, BARBARA 6350 LEXINGTON COURT #201 NAPLES, FL 34110 <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	DV MURPHY, BONNIE 6360 LEXINGTON COURT #201 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MURPHY, BONNIE 6360 LEXINGTON COURT #201 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OAKLEY, ZITA 6340 LEXINGTON COURT #102 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OAKLEY, ZITA 6340 LEXINGTON CT #102 NAPLES, FL 34110 <input checked="" 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
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 exemptions contained 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 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 employment.			
SIGNATURE: <i>Barbara Massey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	