

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90197 048 ****61.25

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



Principal Place of Business Mailing Address
ADVANCED PROPERTY MANAGEMENT SERVICE, INC. ADVANCED PROPERTY MANAGEMENT SERVICE, INC.
3350 WOODS EDGE CIRCLE, STE 104 3350 WOODS EDGE CIRCLE, STE 104
BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134

40082714



2. Principal Place of Business
Advanced Property Management Service, Inc.
1035 Collier Center Way, #7
Naples, FL 34110

3. Mailing Address
Advanced Property Management Service, Inc.
1035 Collier Center Way, #7
Naples, FL 34110

02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1872958

Applied For
Not Applicable

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

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
Advanced Property Management Service, Inc.
Street Address
1035 Collier Center Way, #7
City
Naples, FL 34110 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. Thompson* SUSAN L. THOMPSON, AGENT 02/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 DP ☐ Delete
NAME WHITLOCK, PATRICIA
STREET ADDRESS 6310 LEXINGTON COURT #102
CITY-ST-ZIP NAPLES, FL 34110

TITLE DV ☐ Delete
NAME SCHNACKENBECK, EDWIN
STREET ADDRESS 6310 LEXINGTON COURT #101
CITY-ST-ZIP NAPLES, FL 34110

TITLE DST ☒ Delete
NAME ROHMER, ROSEMARY
STREET ADDRESS 6310 LEXINGTON COURT #201
CITY-ST-ZIP NAPLES, FL 34110

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

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

TITLE ☐ Change ☒ Addition
NAME DST
STREET ADDRESS DAL POZZOL, ROB
CITY-ST-ZIP 6330 LEXINGTON CT #101
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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #