

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90039 045 ****61.25

DOCUMENT # N04000004116					
1. Entity Name LEXINGTON COURT I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED PROPERTY MGMT SRVS., INC 1035 COLLIER CTR WAY 7 NAPLES, FL 34110			Mailing Address ADVANCED PROPERTY MGMT SRVS., INC 1035 COLLIER CTR WAY 7 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-1872958				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 1035 COLLIER CTR WAY 7 NAPLES, FL 34110			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
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: DATE: 2/21/08					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 DP	NAME WHITLOCK, PATRICIA	<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Barbara Massey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6310 LEXINGTON COURT #102	CITY-ST-ZIP NAPLES, FL 34110		STREET ADDRESS 6350 Lexington Ct. #201	CITY-ST-ZIP NAPLES, FL 34110	
TITLE DV	NAME SCHNACKENBECK, EDWIN	<input checked="" type="checkbox"/> Delete	TITLE DV	NAME Frank Morrell	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6310 LEXINGTON COURT #101	CITY-ST-ZIP NAPLES, FL 34110		STREET ADDRESS 6325 Lexington Ct #102	CITY-ST-ZIP NAPLES, FL 34110	
TITLE DST	NAME DAL POZZOL, ROB	<input checked="" type="checkbox"/> Delete	TITLE DS	NAME Bonnie Murphy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6330 LEXINGTON CT 101	CITY-ST-ZIP NAPLES, FL 34110		STREET ADDRESS 6360 Lexington Ct #201	CITY-ST-ZIP NAPLES, FL 34110	
TITLE DP	NAME Pat Whitlock	<input type="checkbox"/> Delete	TITLE DT	NAME Pat Whitlock	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6310 Lexington Ct #102	CITY-ST-ZIP NAPLES, FL 34110		STREET ADDRESS 6310 Lexington Ct #102	CITY-ST-ZIP NAPLES, FL 34110	
TITLE DP	NAME Toby Chandler	<input type="checkbox"/> Delete	TITLE D	NAME Toby Chandler	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6355 Lexington Ct #102	CITY-ST-ZIP NAPLES, FL 34110		STREET ADDRESS 6355 Lexington Ct #102	CITY-ST-ZIP NAPLES, FL 34110	
TITLE DP	NAME Edwin Schnackenberg	<input type="checkbox"/> Delete	TITLE D	NAME Edwin Schnackenberg	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6310 Lexington Ct #101	CITY-ST-ZIP NAPLES, FL 34110		STREET ADDRESS 6310 Lexington Ct #101	CITY-ST-ZIP NAPLES, FL 34110	
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: DATE: 2/21/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					