## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004116

Entity Name: LEXINGTON COURT CONDOMINIUM ASSOCIATION, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
ADVANCED PROPERTY MGMT SRVS., INC 1035 COLLIER CTR WAY 7 NAPLES, FL 34110				1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110			
Current Mailing Address:				New Mailing Address:			
ADVANCED PROPERTY MGMT SRVS., INC 1035 COLLIER CTR WAY 7 NAPLES, FL 34110				1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110			
FEI Number: 20-1872958 FEI Number Applied For ( ) FEI Num				nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name a					Address of N	ew Registered Agent:	
ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 1035 COLLIER CTR WAY 7 NAPLES, FL 34110 US				ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110 US			
The above in the State		ubmits this statement for the pu	rpose of	f changing it	s registered of	fice or registered agent, or both,	
SIGNATURE: SUSAN THOMPSON				04/02/2009			
	Electronic	Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	DP () E MASSEY, BARBA 6350 LEXINGTON NAPLES, FL 341	N CT. #201		Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	DV ()E MORRELLO, FRA 6325 LEXINGTOI NAPLES, FL 341	N CT. 102		Title: Name: Address: City-St-Zip:	DVP (X) MORRELLO, FR 6325 LEXINGTO NAPLES, FL 34	N CT. #102	
Title: Name: Address: City-St-Zip:	DS ()E MURPHY, BONNI 6360 LEXINGTOI NAPLES, FL 341	N CT #102		Title: Name: Address: City-St-Zip:	DST (X) MCHUGH, ANN N 6355 LEXINGTO NAPLES, FL 34	N COURT #101	
Title: Name: Address: City-St-Zip:	DT () E WHITLOCK, PAT 6510 LEXINGTON NAPLES, FL 341	N CT #102		Title: Name: Address: City-St-Zip:	D (X) DONALDSON, L 6315 LEXINGTO NAPLES, FL 34	N COURT #202	
Title: Name: Address: City-St-Zip:	D () C CHANDLER, TOE 6355 LEXINGTOI NAPLES, FL 341	N CT #102		Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) [ SCHNAKENBEK, 6310 LEXINGTOI NAPLES, FL 341	N CT #101		Title: Name: Address: City-St-Zip:	( )	Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MASSEY DP 04/02/2009