

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004116

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** LEXINGTON COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 20-1872958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADVANCED PROPERTY MANAGEMENT SERVICE, INC.  
1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: MASSEY, BARBARA  
Address: 6350 LEXINGTON CT. #201  
City-St-Zip: NAPLES, FL 34110

Title: DS  
Name: STEPHENS, DEBBY  
Address: 6315 LEXINGTON COURT #201  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: CHMIELOWICZ, LOUIS  
Address: 6320 LEXINGTON COURT #202  
City-St-Zip: NAPLES, FL 34110

Title: DP  
Name: DONALDSON, LINDA  
Address: 6315 LEXINGTON COURT #202  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: WHITLOCK, PATRICIA  
Address: 6310 LEXINGTON COURT #102  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

**SIGNATURE:** LINDA DONALDSON

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date