

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 004 ****61.25

DOCUMENT # N04000004119					
1. Entity Name LEXINGTON COURT COMMONS, INC.					
Principal Place of Business 17595 S. TAMiami TRAIL, SUITE 100 FT. MYERS, FL 33908			Mailing Address 17595 S. TAMiami TRAIL, SUITE 100 FT. MYERS, FL 33908		
2. Principal Place of Business 2907 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 301 City & State Tampa, FL Zip 33629 Country USA		3. Mailing Address 2907 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 301 City & State Tampa, FL Zip 33629 Country USA		50012648 	
4. FEI Number 20-1872896		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01052005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent CAMPBELL, JOHN 2375 TAMiami TRAIL N., SUITE 308 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) Ste. 250 1200 South Pine Island Blvd. City Plantation FL Zip Code 33324		
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 <u>Lauren Greco</u> Lauren Greco Assistant Secretary DATE <u>1/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 D NAME CAMPBELL, JOHN STREET ADDRESS 17595 S. TAMiami TRAIL, SUITE 100 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE VP/D NAME Peter R. Comeau STREET ADDRESS 2907 Bay to Bay Blvd. Ste. 301 CITY-ST-ZIP Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MORRIS, JON STREET ADDRESS 2907 BAY TO BAY BLVD., SUITE 301 CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME Peter R. Comeau STREET ADDRESS 2907 Bay to Bay Blvd. Ste. 301 CITY-ST-ZIP Tampa, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRUNOW, TOM STREET ADDRESS 6025 CARLTON LAKES BLVD. CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE S/T/D NAME Daniel Forkell STREET ADDRESS 2907 Bay to Bay Blvd. Ste. 301 CITY-ST-ZIP Tampa, FL 33629	<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	
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 exemption stated in Section 119.07(3)(i), 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: <u>Peter R. Comeau</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>Peter R. Comeau 1-11-05</u> Daytime Phone # <u>813-835-9200</u>		