

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000004119

1. Entity Name
LEXINGTON COURT COMMONS, INC.



FILED

05 MAY -5 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2907 BAY TO BAY BOULEVARD
SUITE 301
TAMPA, FL 33629

Mailing Address
2907 BAY TO BAY BOULEVARD
SUITE 301
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Advanced Property Management
Service, Inc.

Advanced Property Management
Service, Inc.

03022005 Chg-NP CR2E037 (10/03)

3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134

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Bonita Springs, FL 34134

4. FEI Number
20-1872896

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BOULEVARD
SUITE 250
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (Box Number is Not Acceptable)
Advanced Property Management
Service, Inc.
3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134
City 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. Thayer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	VD	☒ Delete
NAME	CAMPBELL, JOHN	
STREET ADDRESS	2907 BAY TO BAY BOULEVARD SUITE 301	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	PD	☒ Delete
NAME	COMEAU, PETER R	
STREET ADDRESS	2907 BAY TO BAY BOULEVARD SUITE 31	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	STD	☒ Delete
NAME	FORKELL, DANIEL	
STREET ADDRESS	2907 BAY TO BAY BOULEVARD SUITE 301	
CITY-ST-ZIP	TAMPA, FL 33629	
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	DP	☐ Change ☒ Addition
NAME	BARBARA MASSEY	
STREET ADDRESS	6350 LEXINGTON COURT #201	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	☐ Change ☒ Addition
NAME	ZITA OAKLEY	
STREET ADDRESS	6340 LEXINGTON COURT #102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DVP	☐ Change ☒ Addition
NAME	PATRICIA WHITLOCK	
STREET ADDRESS	6310 LEXINGTON COURT #102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	☐ Change ☒ Addition
NAME	EDWIN SCHNACKENBECK	
STREET ADDRESS	6310 LEXINGTON COURT #101	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DST	☐ Change ☒ Addition
NAME	FRANK MORELLO	
STREET ADDRESS	6325 LEXINGTON COURT #102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	☐ Change ☒ Addition
NAME	TOBY CHANDLER	
STREET ADDRESS	6355 LEXINGTON COURT #102	
CITY-ST-ZIP	NAPLES, FL 34110	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #