

May 01 07 08:17a

ADVANCED PROPERTY

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90084 026 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N04000004119					
1. Entity Name LEXINGTON COURT COMMONS, INC.					
Principal Place of Business ADVANCED PROPERTY MGMT SERVICE, INC. 1035 COLLIER CTR. WAY, #7 NAPLES, FL 34110			Mailing Address: ADVANCED PROPERTY MGMT SERVICE, 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		4. FEI Number 20-1872896	
5. Certificate of Status Desired ☐				\$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 Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASSEY, BARBARA 6350 LEXINGTON COURT #201 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, ZITA 6350 LEXINGTON COURT #102 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD WHITLOCK, PATRICIA 6310 LEXINGTON COURT #102 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHNACKENBECK, EDWIN 6310 LEXINGTON COURT #101 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORELLO, FRANK 6310 LEXINGTON COURT #102 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANDLER, TOBY 6310 LEXINGTON COURT #102 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 information.					
SIGNATURE: _____ 4/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					