2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000004280

Entity Name: LEXINGTON TOWNHOMES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607

New Principal Place of Business:

4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209

Current Mailing Address:

2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607

New Mailing Address:

4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209

FEI Number: 56-2457215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, BRIAN K
2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

PLATINUM COMMUNITY SERVICES, LLC
4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209 US

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: STEVE DOORES 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WINEGAR, PETRA
Address: 11424 52ND COURT EAST
City-St-Zip: PARRISH, FL 34219

Title: VP ( ) Delete
Name: AVERY, MARIE
Address: 4326 15TH WAY
City-St-Zip: PALMETTO, FL 34221

Title: ST ( ) Delete
Name: LUNDEEN, DAN
Address: 11442 52ND COURT EAST
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PETRA WINEGAR P 04/29/2009
Electronic Signature of Signing Officer or Director Date