2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N04000005287

Entity Name: LEXINGTON ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 20-1177673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY, KEVIN
882 JACKSON AVENUE
WINTER PARK, FL 34789 US

Name and Address of New Registered Agent:

RAY, KEVIN W
882 JACKSON AVENUE
WINTER PARK, FL 34789 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: KEVIN W. RAY 03/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, JOE
Address: 1229 CHESHIRE ST.
City-St-Zip: GROVELAND, FL 34736 US

Title: VPD ( ) Delete
Name: MERCADO, JOSEPH
Address: 1239 CHESHIRE ST.
City-St-Zip: GROVELAND, FL 34736 US

Title: DVP2 ( ) Delete
Name: RIVERA, LARRY
Address: 1238 CHESHIRE ST.
City-St-Zip: GROVELAND, FL 32736 US

Title: SD ( ) Delete
Name: WHITAKER-WHITE, CHERYL
Address: 1003 BLUEGRASS DR.
City-St-Zip: GROVELAND, FL 34736 US

Title: D ( ) Delete
Name: MORALES, SANDY
Address: 1159 STRATTON AVE.
City-St-Zip: GROVELAND, FL 34736 US

Title: DT ( ) Delete
Name: ORTIZ, JERRY
Address: 1246 CHESHIRE ST.
City-St-Zip: GROVELAND, FL 34736 US

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:

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: JOE BROWN PD 03/23/2009
Electronic Signature of Signing Officer or Director Date