

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2006
Secretary of State

DOCUMENT# N04000011641

Entity Name: LEXINGTON VILLAGE OF GROVELAND HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**600 S MAIN AVE
MINNEOLA, FL 34715**New Principal Place of Business:**882 JACKSON AVENUE
WINTER PARK, FL 32789**Current Mailing Address:**600 S MAIN AVE
MINNEOLA, FL 34715**New Mailing Address:**882 JACKSON AVENUE
WINTER PARK, FL 32789**FEI Number:** 20-2022198**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAY, KEVIN W
882 JACKSON AVE
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: CERILLI, CARL
Address: 600 S MAIN AVE
City-St-Zip: MINNEOLA, FL 34715**Title:** VD () Delete
Name: PLUMMER, FRED
Address: 600 S MAIN AVE
City-St-Zip: MINNEOLA, FL 34715**Title:** STD () Delete
Name: BARNES, BRITT
Address: 602 SOUTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: JENKS, RICHARD
Address: 1061 BLUEGRASS DRIVE
City-St-Zip: GROVELAND, FL 34736**Title:** VD (X) Change () Addition
Name: SILVA, DAVID
Address: 2008 NEWTOWN ROAD
City-St-Zip: GROVELAND, FL 34736**Title:** SD (X) Change () Addition
Name: CORTES, JORGE
Address: 1048 BLUEGRASS DRIVE
City-St-Zip: GROVELAND, FL 34736**Title:** TD () Change (X) Addition
Name: RADZIK, MICHAEL
Address: 1077 BLUEGRASS DRIVE
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD JENKS

PD

08/02/2006

Electronic Signature of Signing Officer or Director

Date