

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001094

FILED
Mar 08, 2012
Secretary of State

Entity Name: LEXINGTON COMMONS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

3600 GALILEO DRIVE
SUITE 104
NEW PORT RICHEY, FL 34655

Current Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

3600 GALILEO DRIVE
SUITE 104
NEW PORT RICHEY, FL 34655

FEI Number: 03-0613843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

ORSI, JENNIFER
3600 GALILEO DRIVE
SUITE 104
NEW PORT RICHEY, FL 34655 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: JENNIFER ORSI

03/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BUCK, PATRICIA
Address: 3600 GALILEO DRIVE STE 104
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD
Name: ORSI, JENNIFER
Address: 3600 GALILEO DRIVE STE 104
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD
Name: VITALE, JULIE
Address: 3600 GALILEO DRIVE STE 104
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA O. BUCK

PD

03/08/2012

Electronic Signature of Signing Officer or Director

Date