2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000004108

TileD
Jul 12, 2007
Secretary of State

Entity Name: LEXINGTON OAKS PLAZA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1408 S. DE SOTO AVENUE TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

1408 S. DE SOTO AVENUE TAMPA, FL 33606

FEI Number: 20-4711694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEAKIN, BARBARA A 1408 S. DE SOTO AVENUE TAMPA, FL 33606 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:

Flacture in Company of Danistan of Annah

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 VD (X) Change () Addition

 Name:
 STAHL, DENNIS
 Name:
 STAHL, DENNIS

 Address:
 8191 E KAISER BLVD
 Address:
 8191 E KAISER BLVD

 City-St-Zip:
 ANAHEIM, CA 92808
 City-St-Zip:
 ANAHEIM, CA 92808

Title: VD () Delete Title: PD (X) Change () Addition Name: TALLICHET, DAVID Name: TALLICHET, DAVID

 Name:
 TALLICHET, DAVID
 Name:
 TALLICHET, DAVID

 Address:
 8191 E KAISER BLVD
 Address:
 8191 E KAISER BLVD

 City-St-Zip:
 ANAHEIM, CA 92808
 City-St-Zip:
 ANAHEIM, CA 92808

Title: STD () Delete Title: () Change () Addition

 Name:
 DEAKIN, BARBARA
 Name:

 Address:
 1408 S DE SOTO AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad \qquad {\sf D} \qquad (\) \ {\sf Change} \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 GHUZZI, JOHN G

 Address:
 Address:
 8191 E. KAISER BLVD.

 City-St-Zip:
 City-St-Zip:
 ANAHEIM, CA 92808

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: BARBARA DEAKIN STD 07/12/2007