2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000004108

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

Current Principal Place of Business:

1408 S. DE SOTO AVENUE
TAMPA, FL 33606

New Principal Place of Business:

2909 W. BAY TO BAY BLVD.
SUITE 108
TAMPA, FL 33629

Current Mailing Address:

1408 S. DE SOTO AVENUE
TAMPA, FL 33606

New Mailing Address:

C/O DEAKIN PROPERTY SERVICES
P.O. BOX 433
TAMPA, FL 33601

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEAKIN, BARBARA A
2909 W. BAY TO BAY BLVD.
SUITE 108
TAMPA, FL 33629 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: STAHL, DENNIS
Address: 8191 E KAISER BLVD
City-St-Zip: ANAHEIM, CA 92808

Title: PD ( ) Delete
Name: TALLICHET, DAVID
Address: 8191 E KAISER BLVD
City-St-Zip: ANAHEIM, CA 92808

Title: STD ( ) Delete
Name: DEAKIN, BARBARA
Address: 1408 S DE SOTO AVE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: GHUZZI, JOHN G
Address: 8191 E. KAISER BLVD.
City-St-Zip: ANAHEIM, CA 92808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: TALLICHET, JOHN
Address: 8191 E KAISER BLVD
City-St-Zip: ANAHEIM, CA 92808

Title: STD (X) Change ( ) Addition
Name: DEAKIN, BARBARA
Address: 2909 W. BAY TO BAY BLVD. #108
City-St-Zip: TAMPA, FL 33629

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: BARBARA DEAKIN S 04/30/2008
Electronic Signature of Signing Officer or Director — Date