

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90275 034 ****61.25

DOCUMENT # N14609

1. Entity Name

LEXINGTON SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

S/O JUDY K. WINDT
6931 HERITAGE DR
PORT ST. LUCIE FL 34952
US

C/O JUDY K WINDT
6931 HERITAGE DR
PORT ST. LUCIE FL 34952
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0015439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINDT, JUDY K
6931 HERITAGE DR
PORT ST. LUCIE FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WINDT, LOUIS	
STREET ADDRESS	444 SW HIBISCUS STREET	
CITY- ST- ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DON	
STREET ADDRESS	6505 SANTA CLARA BLVD	
CITY- ST- ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANELLO, GARY	
STREET ADDRESS	900 ELYSE CIR.	
CITY- ST- ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINDT, JUDY	
STREET ADDRESS	444 SW HIBISCUS STREET	
CITY- ST- ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07

772-
460-2476

Daytime Phone #