2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N14609

Entity Name: LEXINGTON SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0015439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINDT, JUDY K
6931 HERITAGE DR
PORT ST. LUCIE, FL 33952 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: P ( ) Delete
Name: WINDT, LOUIS
Address: 444 SW HIBISCUS STREET
City-St-Zip: PORT ST. LUCIE, FL

Title: D ( ) Delete
Name: ZANELLO, GARY
Address: 900 ELYSE CIR.
City-St-Zip: PORT ST. LUCIE, FL

Title: D ( ) Delete
Name: WINDT, JUDY
Address: 444 SW HIBISCUS STREET
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PELLETIER, JERRY
Address: 111 SW SEBRING CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change ( ) Addition
Name: KIETER, DEL
Address: 6941 HERITAGE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST (X) Change ( ) Addition
Name: WINDT, JUDY
Address: 444 SW HIBISCUS STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

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: JUDY K. WINDT ST 02/02/2009
Electronic Signature of Signing Officer or Director — Date