


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90048 012 ****61.25

DOCUMENT # N30680 1. Entity Name LEXINGTON GREEN PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 92535 LAKELAND FL 33804-9535		Mailing Address P.O. BOX 92535 LAKELAND FL 33804-9535			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MCDONALD, ALLAN'S 729 CONCORD LANE LAKELAND FL 33809			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRANT, DAVID 815 CONCORD LANE LAKELAND FL 33809	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wendy Hasselman 803 Concord Lane Lakeland FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OQUENDO, CARMEN 723 CONCORD LANE LAKELAND FL 33809	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Harvey Morts 728 LAMP Post LANE Lakeland FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOFFMAN, WILLIAM 747 CONCORD LANE LAKELAND FL 33809	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVID Hasselman 803 Concord Lane Lakeland FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCDONALD, ALLAN S 729 CONCORD LANE LAKELAND FL 33809	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Donna Perkins 750 Concord Lane Lakeland FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Donna Perkins - Donna Perkins - DT-</u>			Date: <u>2-11-04</u>		Daytime Phone #: <u>859-6348</u>



MOORE CR2E037 (11/03)

4. FEI Number **59-2988312** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**