



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90093 023 ****70.00

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 - No P.O. Box # 750 Concord Lane		3. Mailing Address 750 Concord Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Lakeland FL			
Zip 33809		Country USA		4. FEI Number 59-2988312	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERKINS, DONNA 750 CONCORD LN 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 <u>Donna Perkins</u> <u>Donna Perkins</u> <u>1-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PERKINS, DONNA 750 CONCORD LN LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORTS, HARVEY 728 LAMP POST LANE LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HASSLEMAN, DAVID 803 CONCORD LANE LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERKINS, DONNA 750 CONCORD LANE LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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</u> <u>Donna Perkins</u> <u>1-13-07</u> <u>863-859-6348</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					