

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90034 043 ****61.25

DOCUMENT # N30680

1. Entity Name
**LEXINGTON GREEN PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**750 CONCORD LN
LAKELAND, FL 33809**

Mailing Address
**750 CONCORD LN
LAKELAND, FL 33809**

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

121 Raintree Ct

Suite, Apt. #, etc.

3. Mailing Address

PO Box 95

Suite, Apt. #, etc.



02212008

Chg-NP

CR2E037 (12/06)

City & State

Auburndale FL

City & State

Auburndale FL

4. FEI Number

59-2988312

Applied For

Not Applicable

Zip

33823

Country

Zip

33823

Country

5. Certificate of Status Desired

☐ \$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

David Burman

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

121 Raintree Ct

City

Auburndale

FL

Zip

33823

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

Donna Perkins

2-22-08

(Signature, typed or printed name of registered agent and file if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **DP** ☐ Delete
NAME **PERKINS, DONNA**
STREET ADDRESS **750 CONCORD LN**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **DV** ☐ Delete
NAME **MORTS, HARVEY**
STREET ADDRESS **728 LAMP POST LANE**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **DS** ☐ Delete
NAME **HASSLEMAN, DAVID**
STREET ADDRESS **803 CONCORD LANE**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **DT** ☐ Delete
NAME **PERKINS, DONNA**
STREET ADDRESS **750 CONCORD LANE**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Perkins President

Date

2-22-08

Daytime Phone #