

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90371 005 ****61.25

DOCUMENT # N41542

1. Entity Name
**LEXINGTON GREENS OF CITRUS HILLS PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**2476 N ESSEX AVE
HERNANDO, FL 34442 US**

Mailing Address
**2476 N ESSEX AVE
HERNANDO, FL 34442 US**

60024072



03162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3068186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABEL, ERIC D, ESQ
2476 N ESSEX AVENUE
HERNANDO, FL 34442**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABEL, ERIC D
STREET ADDRESS	2476 N ESSEX AVENUE
CITY - ST - ZIP	HERNANDO, FL 34442

TITLE	DT
NAME	PASTOR, JOHN E.
STREET ADDRESS	2476 N ESSEX AVENUE
CITY - ST - ZIP	HERNANDO, FL 34442

TITLE	DS
NAME	DRISKILL, DEB
STREET ADDRESS	2476 N ESSEX AVENUE
CITY - ST - ZIP	HERNANDO, FL 34442

TITLE	D
NAME	CRAIG, AVIS M
STREET ADDRESS	2476 N. ESSEX AVE
CITY - ST - ZIP	HERNANDO, FL 34442

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: DEB Driskill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 352-746-6060
Date Daytime Phone #

DEB DRISKILL