

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

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



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3068186

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000681672
04/04/07-80054-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABEL, ERIC D 2476 N ESSEX AVENUE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PASTOR, JOHN E. 2476 N ESSEX AVENUE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DRISKILL, DEB 2476 N ESSEX AVENUE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAIG, AVIS M 2476 N. ESSEX AVE 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

Deb Driskill

3/23/07

352-746-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #