

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90017 022 \*\*\*\*61.25

**DOCUMENT # N48092**

1. Entity Name

**LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

6499 ILEX CIR  
NAPLES FL 34109  
US

Mailing Address

6499 ILEX CIR  
NAPLES FL 34109  
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
**65-0328699**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENZIES, ROBERT G  
ROETZEL & ANDRESS, LPA  
3003 TAMiami TRAIL NORTH, STE. 270  
NAPLES FL 33940**

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

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

(NOTE: Registered Agent Signature is required when resigning)

DATE

**FILE NOW: 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  
NAME DAY, LAWRENCK K ☐ Delete  
STREET ADDRESS 6814 LONE OAK  
CITY-ST-ZIP NAPLES FL 34109

TITLE DS  
NAME SCHOBERG, LORRAINE ☒ Delete  
STREET ADDRESS 6487 ILEX CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

TITLE D  
NAME TRUANT, ALDO ☐ Delete  
STREET ADDRESS 6511 ILEX CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

TITLE DT  
NAME CLARK, BILL G ☐ Delete  
STREET ADDRESS 6499 ILEX CIR  
CITY-ST-ZIP NAPLES FL 34109

TITLE DVP  
NAME KORDICK, GENE ☒ Delete  
STREET ADDRESS 6501 ILEX CIR  
CITY-ST-ZIP NAPLES FL 34109

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 DS  
NAME ANDRE CEDRAS ☐ Change ☒ Addition  
STREET ADDRESS 6503 ILEX CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

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

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

TITLE DVP  
NAME PETER VICARELLA ☐ Change ☒ Addition  
STREET ADDRESS 6531 ILEX CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

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 Section 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: *Bill G Clark*

**BILL G CLARK**

**2-21-08**

**598 1023**

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