2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N48092

Entity Name: LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6499 ILEX CIR
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6499 ILEX CIR
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0328699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DAY, LAWRENCK K
Address: 6814 LONE OAK
City-St-Zip: NAPLES, FL 34109

Title: DS ( ) Delete
Name: CEDRAS, ANDRE
Address: 6503 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: TRUANT, ALDO
Address: 6511 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DT ( ) Delete
Name: CLARK, BILL G
Address: 6499 ILEX CIR
City-St-Zip: NAPLES, FL 34109

Title: DVP ( ) Delete
Name: VILARELLA, PETER
Address: 6531 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL G CLARK TREA 03/05/2009

Electronic Signature of Signing Officer or Director — Date