

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49028

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: LEXINGTON PLACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6015 EAST MORROW STREET  
SUITE 107  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6015 EAST MORROW STREET  
SUITE 107  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-3153677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, SCOTT  
6015 EAST MOROW STREET  
SUITE 107  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

BANNING MANAGEMENT, INC.  
6015 EAST MOROW STREET  
SUITE 107  
JACKSONVILLE, FL 32217 US

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: BANNING MANAGEMENT INC      04/19/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVY, DAVID  
Address: 10359 TRIPLE CROWN AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete  
Name: RUFFIN, BOB  
Address: 10358 TRIPLE CROWN AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: SD (X) Delete  
Name: BURNS, DAVID  
Address: 10371 TRIPLE CROWN AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete  
Name: CORTES, PETE  
Address: 4933 KENTUCKY DERBY CT  
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete  
Name: BUTLER, DAVE  
Address: 10299 TRIPLE CROWN AVE  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: LANIER, MIKE  
Address: 10287 TRIPLE CROWN AVE.  
City-St-Zip: JACKSONVILLE, FL

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

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

Title: ST (X) Change ( ) Addition  
Name: BUTLER, DAVE  
Address: 10299 TRIPLE CROWN AVE  
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID LEVY      PD      04/19/2005  
Electronic Signature of Signing Officer or Director      Date