

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Tallahassee, Florida

FILED  
SECRETARY OF STATE  
CORPORATIONS

DOCUMENT # **N93000005560 (8)**

95 MAY - 1 AM 8:19

**LEXINGTON AT LONE OAK HOMEOWNERS ASSOCIATION, IN C.**

Previous Office of Incorporation	Mailing Address
6730 LONE OAK BLVD NAPLES FL 33942 US	6730 LONE OAK BLVD NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Quotation	3a. Date of Last Report
12/06/1993	04/21/1994
4. FEI Number	Applied For Not Applicable
65-0453004	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. P.O. Box 7105
22. City & State	27. City & State
23. Zip	28. Naples FL
24. County	29. 33941
	30. US

9. Name and Address of Current Registered Agent	81. Name
BUCK, ROBERT L 6730 LONE OAK BLVD NAPLES FL 33942	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1011 NAME STREET ADDRESS CITY, ST, ZIP	D BUCK, ROBERT L 6730 LONE OAK BLVD NAPLES FL	11101 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1012 NAME STREET ADDRESS CITY, ST, ZIP	<i>This is correct - lines were not added "sorry"</i> JOHNSON, HENRY P 6736 LONE OAK BLVD. NAPLES FL 33942	11102 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1013 NAME STREET ADDRESS CITY, ST, ZIP	D QUINTERO, MICHELE 6730 LONE OAK BLVD NAPLES FL	11103 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1014 NAME STREET ADDRESS CITY, ST, ZIP		11104 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1015 NAME STREET ADDRESS CITY, ST, ZIP		11105 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1016 NAME STREET ADDRESS CITY, ST, ZIP		11106 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1017 NAME STREET ADDRESS CITY, ST, ZIP		11107 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1018 NAME STREET ADDRESS CITY, ST, ZIP		11108 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 433.01(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michele Quintero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michele Quintero

REMITTED BY MAY 1

4/25/95 813/591-2060