

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 25 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NB3000095560**
1. Corporation Name
LEXINGTON AT LONE OAK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
7090 LONE OAK BLVD. NAPLES, FL. 34109 **7090 LONE OAK BLVD. NAPLES, FL. 34109**

3. Date Incorporated or Qualified **11/1/95** 3a. Date of Last Report
4. FEI Number **65-0453004** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name **RICHARD KILGORE**
82 Street Address (P.O. Box Number is Not Acceptable) **7090 LONE OAK BLVD**
83
84 City **NAPLES** FL 85 Zip Code **34109**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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 617.0503, Florida Statutes.

SIGNATURE **Richard Kilgore** DATE **9/2/97**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D PRESIDENT <input type="checkbox"/> DELETE	NAME RICHARD KILGORE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7090 LONE OAK BLVD.	CITY-ST-ZIP NAPLES, FL. 34109	1.2 NAME	
TITLE D VICE PRESIDENT <input type="checkbox"/> DELETE	NAME WILLIAM OSWALD	1.3 STREET ADDRESS	
STREET ADDRESS 6860 LONE OAK BLVD.	CITY-ST-ZIP NAPLES, FL. 34109	1.4 CITY-ST-ZIP	
TITLE D TREASURER <input type="checkbox"/> DELETE	NAME JOEL S. MILLER	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6908 LONE OAK BLVD	CITY-ST-ZIP NAPLES, FL. 34109	2.2 NAME	
TITLE D SECRETARY <input type="checkbox"/> DELETE	NAME PEGGY Mc Gee	2.3 STREET ADDRESS	
STREET ADDRESS 7098 LONE OAK BLVD	CITY-ST-ZIP NAPLES, FL. 34109	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Richard Kilgore** DATE **9/2/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)