#### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

### DOCUMENT # N9300005560

1. Corporation Name

## LEXINGTON AT LONE OAK HOMEOWNERS ASSOCIATION, IN C

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

7090 LONE OAK BLVD NAPLES FL 34109

US

# FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90184 032 \*\*\*\*61.25



2. Principal P	ace of Business	2a. Majling Address	A. P.	3. Date incorporated or Qualifed	
21 6908	LONE OAK BLUD		OAK BLI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number - 65-0453004	Applied For
22	<u> </u>	27 City & State			Not Applicable  5 Additional
City & State	PLES FL.	28 NAPLES	, FL.	5 Cortifesta of Statue Decired 1 1 '	Required
Zip	Country	Zip Zi o	Country	- 11	00 May Be
24 34109 25 USA 29 34109 30			USA	Trust Fund Contribution Add  10. Name and Address of New Registered Agent	ed to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
			Jon Hame	LOEL J. MILLER	
KILGORE, RICHARD			82 Street Address (P.O. Box Number is Not Acceptable)		
7090 LONE OAK BLVD			83	908 LONE CAK BLVD	
NAPLES FL 34109			83	A/AP	
			84 City	NAPUES FL 85	ip Code 34/09
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.					
5 Marine 1/9/99					
SIGNATURE	Signature, based or printed game of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PD	₩ DELETE	1.1 TITLE	PD Char	ige 🗌 Addition
NAME	KILGORE, RICHARD		1.2 NAME	JUDGE ROBERT	
STREET ADDRESS	7090 LONE OAK BLVD		1.3 STREET ADDRESS	PAUP MONE OUR OFFICE	
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP	NAPLES, FL. 34109	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Char	ge 🔲 Addition
NAME	OSWALD, WILLIAM		2.2 NAME		1
STREET ADDRESS	6860 LONE OAK BLVD.		2.3 STREET ADDRESS	5	ţ
CITY-ST-ZIP	NAPLES FL 34109		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Char	ige 🔲 Addition
NAME	MILLER, JOEL S		3.2 NAME		1
STREET ADDRESS	6908 LONE OAK BLVD		3.3 STREET ADDRESS	٤ ( ا	1
CITY-ST-ZIP	NAPLES FL 34109		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Char	nge 🔲 Addition
NAME	MCGEE, PEGGY		4. 2 NAME		l
STREET ADDRESS	7098 LONE OAK BLVD.		4.3 STREET ADDRESS	s	}
CITY-ST-ZIP	NAPLES FL 34109		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Char	nge 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	s	{
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Char	nge 🗌 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	S	-
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 1 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, with ell other like empowered.

**SIGNATURE:** 

RIGNATURE AND TYPED OR PRINTED NAME OPISIGNING OFFICER OR DIRECTO

Date D

Daytime Phone #

R2E037 (11/98