


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90046 018 \*\*\*\*61.25

**DOCUMENT # N93000005560**

1. Entity Name  
**LEXINGTON AT LONE OAK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6908 LONE OAK BLVD  
 NAPLES, FL 34109 US**

Mailing Address  
**6908 LONE OAK BLVD  
 NAPLES, FL 34109 US**

**94033283**



2. Principal Place of Business  
**7097 LONE OAK BLVD**

3. Mailing Address  
**7097 LONE OAK BLVD**

Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34109**

Country  
**Collier**

4. FEI Number  
**65-0453004**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, JOEL S  
 6908 LONE OAK BLVD  
 NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **ROBERT E. CAMPBELL**

Street Address (P.O. Box Number is Not Acceptable)  
**7097 LONE OAK BLVD**

City **NAPLES** FL Zip Code **34109**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert E Campbell, TREASURER** DATE **3-17-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	DAVIS, JIM	6891 LONE OAK BLVD.	NAPLES, FL 34109	<input checked="" type="checkbox"/>
VPD	COALTER, AMY	6881 LONE OAK BLVD.	NAPLES, FL 34109	<input checked="" type="checkbox"/>
TD	MILLER, JOEL S	6908 LONE OAK BLVD	NAPLES, FL 34109	<input checked="" type="checkbox"/>
SD	CLEMINGN, RON	7098 LONE OAK BLVD.	NAPLES, FL 34109	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT, DIRECTOR	ROBERT W. CLEMINGSON	7098 LONE OAK BLVD	NAPLES, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT, DIRECTOR	JANE KILGORE	7090 LONE OAK BLVD	NAPLES, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER, DIRECTOR	ROBERT E. CAMPBELL	7097 LONE OAK BLVD	NAPLES, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY, DIRECTOR	ROBERT FILIPOVIC	6923 LONE OAK BLVD	NAPLES, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASST. SECY, DIRECTOR	ANNA MOLTARI	6907 LONE OAK BLVD	NAPLES, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT E. CAMPBELL, TREASURER** Date **3-17-04** Daytime Phone # **239-594-5633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR