


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90118 002 \*\*\*\*61.25

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|   |                     |  |   |   |                                   |
|---|---------------------|--|---|---|-----------------------------------|
| <b>DOCUMENT # N93000005560</b>  |                     |  |   |                |                                   |
| 1. Entity Name<br><b>LEXINGTON AT LONE OAK HOMEOWNERS ASSOCIATION, INC.</b>   |                     |  |   |   |                                   |
| Principal Place of Business<br>7097 LOVE OAK BLVD.<br>NAPLES, FL 34109 US   |                     |  | Mailing Address<br>7097 LOVE OAK BLVD.<br>NAPLES, FL 34109 US |   |                                   |
| 2. Principal Place of Business<br><b>7097 LONE OAK BLVD.</b>  |                     | 3. Mailing Address<br><b>7097 LONE OAK BLVD.</b>                                 |   |   |                                   |
| Suite, Apt. #, etc.   |                     | Suite, Apt. #, etc.  |   |   |                                   |
| City & State  |                     | City & State   |   | 4. FEI Number<br><b>65-0453004</b>  |                                   |
| Zip   |                     | Zip  |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                   |
| Country   |                     | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent<br><b>CAMPBELL, ROBERT E<br/>7897 LOVE OAK BLVD.<br/>NAPLES, FL 34109</b>   |                     |  | 7. Name and Address of New Registered Agent                   |   |                                   |
| Name  |                     |  | Name  |   |                                   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>7097 LONE OAK BLVD.</b>  |                     |  | Street Address (P.O. Box Number is Not Acceptable)            |   |                                   |
| City  |                     |  | City  |   |                                   |
| FL  |                     |  | Zip Code  |   |                                   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                     |  |   |   |                                   |
| Filing Fee is \$61.25 Due by May 1, 2005  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |                                   |
| Make check payable to Florida Department of State   |                     |  |   |   |                                   |
| 10. OFFICERS AND DIRECTORS  |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         |   |                                   |
| TITLE   | PD                  | <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CLEMINSON, RONALD W |  | NAME  |   |                                   |
| STREET ADDRESS  | 7098 LOVE OAK BLVD. |  | STREET ADDRESS  | <b>7098 LONE OAK BLVD.</b>  |                                   |
| CITY-ST-ZIP   | NAPLES, FL 34109    |  | CITY-ST-ZIP   |   |                                   |
| TITLE   | VPD                 | <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | KICGORE, JANE       |  | NAME  | <b>KILGORE, JANE</b>  |                                   |
| STREET ADDRESS  | 7090 LOVE OAK BLVD. |  | STREET ADDRESS  | <b>7098 LONE OAK BLVD</b>   |                                   |
| CITY-ST-ZIP   | NAPLES, FL 34109    |  | CITY-ST-ZIP   |   |                                   |
| TITLE   | TD                  | <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CAMPBELL, ROBERT E  |  | NAME  |   |                                   |
| STREET ADDRESS  | 7097 LOVE OAK BLVD. |  | STREET ADDRESS  | <b>7097 LONE OAK BLVD</b>   |                                   |
| CITY-ST-ZIP   | NAPLES, FL 34109    |  | CITY-ST-ZIP   |   |                                   |
| TITLE   | SD                  | <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | FILIPOVIC, ROBERT   |  | NAME  | <b>FILIPOVIC, ROBERT</b>  |                                   |
| STREET ADDRESS  | 6923 LOVE OAK BLVD. |  | STREET ADDRESS  | <b>6923 LONE OAK BLVD</b>   |                                   |
| CITY-ST-ZIP   | NAPLES, FL 34109    |  | CITY-ST-ZIP   |   |                                   |
| TITLE   | AD                  | <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | MULTARI, ANNA       |  | NAME  |   |                                   |
| STREET ADDRESS  | 6907 LOVE OAK BLVD. |  | STREET ADDRESS  | <b>6907 LONE OAK BLVD</b>   |                                   |
| CITY-ST-ZIP   | NAPLES, FL 34109    |  | CITY-ST-ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |  | NAME  |   |                                   |
| STREET ADDRESS  |                     |  | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                     |  | CITY-ST-ZIP   |   |                                   |
| 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: <b>Robert E Campbell</b>   |                     | TREASURER  |   | 3-8-2005 239-594-5633   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     | Date   |   | Daytime Phone #   |                                   |
| <b>ROBERT E. CAMPBELL</b>   |                     |  |   |   |                                   |