

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N93000005560**

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



Principal Place of Business <b>7097 LONE OAK BLVD.          NAPLES, FL 34109 US</b>	Mailing Address <b>7097 LONE OAK BLVD.          NAPLES, FL 34109 US</b>
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**DO NOT WRITE IN THIS SPACE**



01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0453004</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, ROBERT E  
 7097 LONE OAK BLVD.  
 NAPLES, FL 34109**

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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, 2008.**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMINSON, RONALD W 7098 LONE OAK BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KILGORE, JANE 7090 LONE OAK BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, ROBERT E 7097 LONE OAK BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FILIPOVIC, ROBERT 6923 LONE OAK BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MULTARI, ANNA 6907 LONE OAK BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000803451  
 02/05/08-80026-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **1-19-08** **239-594-5633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

**ROBERT E. CAMPBELL**