

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005560

FILED
Jan 16, 2009
Secretary of State

Entity Name: LEXINGTON AT LONE OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7097 LONE OAK BLVD.
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

7097 LONE OAK BLVD.
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0453004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLEMINSON, RONALD W
Address: 7098 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: KILGORE, JANE
Address: 7090 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: CAMPBELL, ROBERT E
Address: 7097 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: FILIPOVIC, ROBERT
Address: 6923 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

Title: AD () Delete
Name: MULTARI, ANNA
Address: 6907 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLEMINSON, RONALD W
Address: 7098 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109 US

Title: VPD (X) Change () Addition
Name: WALKER, TRACIE
Address: 6908 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109 US

Title: TD (X) Change () Addition
Name: CAMPBELL, ROBERT E
Address: 7097 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109 US

Title: SD (X) Change () Addition
Name: FILIPOVIC, ROBERT
Address: 6923 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109 US

Title: AD (X) Change () Addition
Name: MULTARI, ANNA
Address: 6907 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. CAMPBELL

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date