

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005560

FILED  
Jan 06, 2010  
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  
Name: CLEMINSON, RONALD W  
Address: 7098 LONE OAK BLVD  
City-St-Zip: NAPLES, FL 34109 US

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

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

Title: SD  
Name: LYON, PARKER  
Address: 6887 LONE OAK BLVD  
City-St-Zip: NAPLES, FL 34109 US

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. CAMPBELL

TD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date