## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300005560

1. Entity Name

LEXINGTON AT LONE OAK HOMEOWNERS ASSOCIATION, IN C.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90131 002 \*\*\*\*61.25

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Principal Place of Bu 6908 LONE: OAK BLVE NAPLES FL 34109 US		Mailing Address 6908 LONE OAK BLVD NAPLES FL 34109 US		*				
2. Principal Place of Business		3. Mailing Address		T STATUTE OF SOUR SUIT COST SOUR BOY DOTH SELECTION ONLY SOUR SOUR SOUR				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-0453004	Applied For Not Applica			
Zip ,	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent
Name

MILLER, JOEL S
6908 LONE OAK BLVD
NAPLES FL 34109

City

7. Name and Address of New Registered Agent
Name

Street Address (P.O. Box Number is Not Acceptable)

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** 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

**9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

		Added to Fees			rionda vepa	Florida Department of State		
10.	OFFICERS AND DIRECTORS	HANGES TO OFFICERS AND (	DIRECTORS IN	10				
TITLE	PD	Delete ·	TITLE	Gail	L LATE	☐ Change	Addition	
NAME	MULTANI, ANNA	`	NAME	~3(1040	5017		•	
STREET ADDRESS	3907 LONE OAK BLVD		STREET ADDRESS	6891 Lo	work Trus			
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	vades P	- 3410a			
TITLE	VPD	Delete	TITLE	<b>^</b>	. 1	Change	Addition	
NAME	CAMPBELL, BOV		NAME	1 thuy Coo	iker			
STREET ADDRESS	7092 LONE OAK BLVD	1	STREET ADDRESS	6 KKILO	ne oale Blue	d d		
CITY-ST-ZIP -	NAPLES FL-34109	The second second	-CITY+ST-ZIP>~~		CH-34109	• •		
TITLE	TD	☐ Delete	TITLE		~~ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	☐ Change	Addition	
NAME	MILLER, JOEL S		NAME	6033 /-	FILIPOVIC UE DAK BLUD		·(	
STREET ADDRESS	6908 LONE OAK BLVD		STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	NAMUS.	FL 34109			
TITLE	SD	Delete	TITLE	Ray Clea	مذعوا	Change	Addition	
NAME	WILSON, EDWARD	/ 7	NAME	7000	SAK Blud	<b>–</b> •	_	
STREET ADDRESS	7111 LONE OAK BLVD		STREET ADDRESS	1000 000	W( -, -, -, -, -, -, -, -, -, -, -, -, -,			
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	Norths,	we OKK Blud FC 34109		,	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
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CITY-ST-ZIP			CITY-ST-ZIP	-				
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NAME			NAME				}	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			C!TY-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:



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