

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003813

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE VILLAGE OF LEXINGTON PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4007 N HIGHWAY A1A
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

4007 N HIGHWAY A1A
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 65-0514887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLITT PROPERTY MANAGEMENT
4007 N HIGHWAY A1A
FORT PIERCE, FL 34949 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: S () Delete
Name: BOWMAN, LINDA
Address: 1715 AYNLEY WAY
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: BARNARD, FRAN
Address: 1765 AYNLEY WAY
City-St-Zip: VERO BEACH, FL 32966

Title: T () Delete
Name: GILL, ELLIE
Address: 1757 AYNLEY WAY
City-St-Zip: VERO BEACH, FL 32966

Title: P () Delete
Name: AUGUSTINE, RUTH
Address: 1610 AYNLEY WAY
City-St-Zip: VERO BEACH, FL 32966

Title: VP () Delete
Name: HILL, CHARLOTTE
Address: 1715 AYNLEY WAY
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUTH AUGUSTINE

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date