

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002169

FILED
Mar 26, 2009
Secretary of State

Entity Name: LEXINGTON COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

16257 WILLOW CREST WAY
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16257 WILLOW CREST WAY
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0601209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEILDS, CHRISTOPHER
1833 HENDRY STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER
1833 HENDRY STREET
FORT MYERS, FL 33901 US

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: CHRISTOPHER SHIELDS

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEANGELIS, LOUIS
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: FARLEY, WILLIAM
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: WERTHEIM, GEORGE
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: HUFF, BETH
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

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:

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: LESLIE F. KING

CTRL

03/26/2009

Electronic Signature of Signing Officer or Director

Date