

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002169

**FILED**  
**Mar 25, 2010**  
**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:**

SHIELDS, CHRISTOPHER  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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:** P  
**Name:** FARLEY, WILLIAM  
**Address:** 16257 WILLOWCREST WAY  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** T  
**Name:** SACKIE, JOHN  
**Address:** 16257 WILLOWCREST WAY  
**City-St-Zip:** FORT MYERS, FL 33908

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

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

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:** BETH HUFF

S

03/25/2010

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

\_\_\_\_\_  
Date