2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N97000004231

Entity Name: SOUTHMONT COVE AT LEXINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16257 WILLOWCREST WAY
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16257 WILLOWCREST WAY
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0734993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUFF, BETH
LEXINGTON COUNTRY CLUB
16257 WILLOWCREST WAY
FT. MYERS, FL 33908 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: D ( ) Delete
Name: BUSS, GENE
Address: 16257 WILLOWCREST WAY
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete
Name: BYERS, MIRIAM
Address: 16257 WILLOWCREST WAY
City-St-Zip: FT. MYERS, FL 33908

Title: P ( ) Delete
Name: SMITH, NORM
Address: 16257 WILOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: V ( ) Delete
Name: WHITMORE, JOHN
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: ST ( ) Delete
Name: FRICKER, JIM
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: D (X) Change ( ) Addition
Name: BUGAJ, KELLY
Address: 16257 WILLOWCREST WAY
City-St-Zip: FT. MYERS, FL 33908

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