

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:49

DOCUMENT # **N23538** (4)
1. Corporation Name
THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC

Principal Place of Business Mailing Address
% BENCHMARK PROPERTY MANAGEMENT, INC. % BENCHMARK PROPERTY MANAGEMENT, INC.
7932 WILES RD 7932 WILES RD
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/18/1987 **03/21/1994**
4. FEI Number Applied For
65-0028393 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ROWMAN, JACK
7793A LEXINGTON CLUB BLVD.
DELRAY BCH. FL 33446

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROWMAN, JACK
STREET ADDRESS	7793A LEXINGTON CLUB BLVD.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	V
NAME	KROKOFF, LESTER
STREET ADDRESS	7549B LEXINGTON CLUB BLVD.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	S
NAME	SIEGER, IRWIN
STREET ADDRESS	7681C LEXINGTON CLUB BLVD.
CITY - ST - ZIP	DELRAY BEACH FL DELETE
TITLE	D
NAME	SIMON, AL
STREET ADDRESS	7620A LEXINGTON CLUB BLVD.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Al Simon
13 STREET ADDRESS	7620A Lexington Club Blvd.
14 CITY - ST - ZIP	Delray Beach, FL 33446
21 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Eli Lipsitz
23 STREET ADDRESS	7693A Lexington Club Blvd.
24 CITY - ST - ZIP	Delray Beach, FL 33446
31 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Seymour Heller
33 STREET ADDRESS	7845B Lexington Club Blvd.
34 CITY - ST - ZIP	Delray Beach, FL 33446
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 register or justice empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Seymour Heller* **3-13-95** **305-344-5353**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #