

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N23538 (4)**

1. Corporation Name

**THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC**

Principal Place of Business

Mailing Address

% BENCHMARK PROPERTY MANAGEMENT, INC.  
7932 WILES RD  
CORAL SPRINGS FL 33067

% BENCHMARK PROPERTY MANAGEMENT, INC.  
7932 WILES RD  
CORAL SPRINGS FL 33067



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/18/1987</b>		3a. Date of Last Report <b>03/27/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0028393</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWMAN, JACK**  
**7793A LEXINGTON CLUB BLVD.**  
**DELRAY BCH. FL 33446**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V
NAME	SIMON, AL	1.2 NAME	Morris Weiner
STREET ADDRESS	7620A LEXINGTON CLUB BLVD	1.3 STREET ADDRESS	7544A Lexington Club Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	V	2.1 TITLE	T/D
NAME	KROKOFF, LESTER	2.2 NAME	Lester Krokoff
STREET ADDRESS	7549B LEXINGTON CLUB BLVD.	2.3 STREET ADDRESS	7549B Lexington Club Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	SD	3.1 TITLE	S/D
NAME	LIPSITZ, ELI	3.2 NAME	Walter Lechten
STREET ADDRESS	7693A LEXINGTON CLUB BLVD	3.3 STREET ADDRESS	7840C Lexington Club Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	TD	4.1 TITLE	
NAME	HELLER, SEYMOUR	4.2 NAME	
STREET ADDRESS	7845B LEXINGTON CLUB BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	Jack Rowman	5.2 NAME	
STREET ADDRESS	7793A Lexington Club Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33446	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 receiver or trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

407-495-7436

CR2E037 (12/95)