

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23538 (4)
1. Corporation Name
THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC



Principal Place of Business % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS FL 33067	Mailing Address % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS FL 33067-2071
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3. Date Incorporated or Qualified 11/18/1987	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24	Country 29
Country 25	Zip 30

4. FEI Number 65-0028393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**ROWMAN, JACK
7793A LEXINGTON CLUB BLVD.
DELRAY BCH. FL 33446**

10. Name and Address of New Registered Agent

81 Name Lester Krokoff
82 Street Address (P.O. Box Number is Not Acceptable) 7549B Lexington Club Blvd.
83
84 City Delray Beach
85 Zip Code FL 33446

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 *Lester Krokoff* **LESTER KROKOFF** 3/5/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIMON, AL	
STREET ADDRESS	7620A LEXINGTON CLUB BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KROKOFF, LESTER	
STREET ADDRESS	7549B LEXINGTON CLUB BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LIPSITZ, ELI	
STREET ADDRESS	7693A LEXINGTON CLUB BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEINER, MORRIS	
STREET ADDRESS	7544A LEXINGTON CLUB BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROWMAN, JACK	
STREET ADDRESS	7793A LEXINGTON CLUB BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Lester Krokoff		
1.3 STREET ADDRESS	7549B Lexington Club Blvd.		
1.4 CITY-ST-ZIP	Delray Beach, FL 33446		
2.1 TITLE	V/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Stephen Heller		
2.3 STREET ADDRESS	7544B Lexington Club Blvd.		
2.4 CITY-ST-ZIP	Delray Beach, FL 33446		
3.1 TITLE	S/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Morris Weiner		
3.3 STREET ADDRESS	7544A Lexington Club Blvd.		
3.4 CITY-ST-ZIP	Delray Beach, FL 33446		
4.1 TITLE	T/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Walter Lechten		
4.3 STREET ADDRESS	7840C Lexington Club Blvd.		
4.4 CITY-ST-ZIP	Delray Beach, FL 33446		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lester Krokoff* **LESTER KROKOFF** 3/5/97

CR2E037 (9/96)