

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90065 023 ****61.25

DOCUMENT # N23538

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0028393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROKOFF, LESTER
7549B LEXINGTON CLUB BLVD
DELROAY BEACH FL 33446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Lester Krokoff

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KROKOFF, LESTER**
STREET ADDRESS **7549 B LEXINGTON CLUB BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **Director-President** ☒ Change ☐ Addition
NAME **Krokoff, Lester**
STREET ADDRESS **7549 B Lexington Club Blvd**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **SD** ☐ Delete
NAME **SEIGER, IRWIN**
STREET ADDRESS **7681 LEXINGTON CLUB BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VP-Director** ☒ Change ☐ Addition
NAME **Seiger, Irwin**
STREET ADDRESS **7681 Lexington Club Blvd**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **D** ☒ Delete
NAME **WEINSTEIN, LYNNE**
STREET ADDRESS **7832 LEXINGTON CLUB BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **2nd VP-Director** ☒ Change ☐ Addition
NAME **Simon, Alvin**
STREET ADDRESS **7620 A Lexington Club Blvd**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **VD** ☐ Delete
NAME **ALVIN, SIMON**
STREET ADDRESS **7620A LEXINGTON CLUB BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **Director-Treas** ☐ Change ☒ Addition
NAME **Labush, Bernard**
STREET ADDRESS **7644 Lexington Club Blvd "A"**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **D** ☒ Delete
NAME **KANES, STANLEY**
STREET ADDRESS **7954 B LEXINGTON CLUB BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **Director,** ☐ Change ☒ Addition
NAME **Weiner, Morris**
STREET ADDRESS **7544 A Lexington Club Blvd**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN SIEGER

Date

Daytime Phone #

2/7/01

954344-5353

CR2E037 (10/00)