

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 28 AM 8:56**

**DOCUMENT # N38037 (0)**

1. Corporation Name  
**RAM FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**929 SHOTGUN ROAD SUNRISE FL 33326**      **929 SHOTGUN ROAD SUNRISE FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/04/1990</b>	3a. Date of Last Report <b>08/10/1994</b>
4. FEI Number <b>65-0194739</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for interest on tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**1900 SUMMIT TW. BLD**  
**SUITE 770**  
**ORLANDO, FLA.**  
**32810**      **ORANGE**

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MORGAN, CHARLES O., JR. 1300 N.W. 107TH STREET MIAMI FL 33169</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFERDAHL, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>929 SHOTGUN ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33326</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFERDAHL, LYNN</b>	2.2 NAME	
STREET ADDRESS	<b>929 SHOTGUN ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33326</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFERDAHL, LYNN</b>	3.2 NAME	
STREET ADDRESS	<b>929 SHOTGUN ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33326</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, CHARLES O., JR.</b>	4.2 NAME	
STREET ADDRESS	<b>929 SHOTGUN ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33326</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 other attachment with an address).

SIGNATURE: [Signature] Date: 6/28/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (305) 624-0011

CR2E037 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # N38516 (3)**

1. Corporation Name  
**LEXINGTON HOMES ESTATES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
951 BROKEN SOUND BLVD. #250 BOCA RATON FL 33487  
951 BROKEN SOUND BLVD. #250 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/08/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0287177** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **3600 S. Congress Ave.** 2a. **600 W. Hillsboro Blvd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite **101**  
23 City & State **Boynton Beach, Florida** 2b City & State **Deerfield Beach, Florida**  
24 Zip **33426** 25 Country **US** 29 Zip **33441** 30 Country **US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CHIEFFO, CINDY  
600 W. HILLSBORO BLVD., SUITE 101  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent  
81 Name **Elizabeth S. Fleming**  
82 Street Address (P.O. Box Number is Not Acceptable) **600 W. Hillsboro Blvd.**  
83 **Suite 101**  
84 City **Deerfield Beach, Florida** FL 85 Zip Code **33441**

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 *Elizabeth S. Fleming* 6/15/95  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, ELIZABETH	12 NAME	
STREET ADDRESS	600 W. HILLSBORO BLVD., #101	13 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	14 CITY - ST - ZIP	
TITLE	DS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, RONALD	22 NAME	
STREET ADDRESS	600 W. HILLSBORO BLVD., #101	23 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	24 CITY - ST - ZIP	
TITLE	DT	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIEFFO, CINDY	32 NAME	<b>Treasurer / D</b>
STREET ADDRESS	600 W. HILLSBORO BLVD., #101	33 STREET ADDRESS	<b>Robert J. Trantman</b>
CITY - ST - ZIP	DEERFIELD BEACH FL	34 CITY - ST - ZIP	<b>600 W. Hillsboro Blvd. #101 Deerfield Beach, Florida 33441</b>
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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 *Elizabeth S. Fleming* 6/15/95 (305) 426-9999  
Signature (typed or printed name of signing officer or director) Date (Article 19.07)

CR2E037 (3/95)