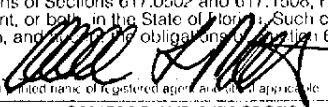


FILE NOW: FILING FEE IS \$61.25

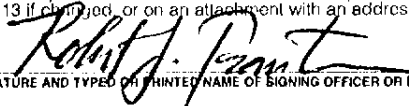
APPROVED
AND
FILED

1997 DEC -3 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38516 1. Corporation Name LEXINGTON HOMES ESTATE HOA, INC					
Principal Place of Business			Mailing Address 90 GREENLIFE PROPERTY MGMT. 141 NW 20th ST BOCA RATON FL 33431		
2. Principal Place of Business 21 GREENLIFE Prop. Mgmt Suite, Apt. #, etc. 22 141 NW 20th ST SUITE F2 City & State 23 BOCA RATON FL Zip 24 33431		2a. Mailing Address 26 GREENLIFE Prop Mgmt Suite, Apt. #, etc. 27 141 N.W. 20th ST SUITE F2 City & State 28 BOCA RATON FL Zip 29 33431		3. Date Incorporated or Qualified 6/15/90	
Country 25 USA		Country 30 USA		3a. Date of Last Report 4/96	
4. FEI Number 65-0287177					
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
81 Name RONALD PLATT			82 Street Address (P.O. Box Number is Not Acceptable) 170 NW SPANISH RIVER BLVD		
83			84 City BOCA RATON FL		
85 Zip Code 334			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 understand the obligations under Section 617.0503, Florida Statutes.		
SIGNATURE 			DATE 12/1/97		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11 TITLE DIR		
☐ DELETE			☐ Change ☐ Addition		
12 NAME ROBERT TRAUFMAN			12 STREET ADDRESS 141 NW 20th ST SUITE F2		
12 CITY-ST-ZIP BOCA RATON FL 33431			12 CITY-ST-ZIP BOCA RATON FL 33431		
21 TITLE DIR			21 NAME RONALD PLATT		
21 STREET ADDRESS 141 NW 20th ST SUITE F2			21 CITY-ST-ZIP BOCA RATON FL 33431		
21 CITY-ST-ZIP BOCA RATON FL 33431			21 CITY-ST-ZIP BOCA RATON FL 33431		
31 TITLE DIR			31 NAME WALTER NAPUSTEIN		
31 STREET ADDRESS 141 NW 20th ST SUITE F2			31 CITY-ST-ZIP BOCA RATON FL 33431		
31 CITY-ST-ZIP BOCA RATON FL 33431			31 CITY-ST-ZIP BOCA RATON FL 33431		
41 TITLE 400002368834			41 NAME -12/10/97--01103--003		
41 STREET ADDRESS *****61.25 *****61.25			41 CITY-ST-ZIP 400002368834		
41 CITY-ST-ZIP -12/10/97--01103--010			41 CITY-ST-ZIP *****8.75 *****8.75		
51 TITLE 61 TITLE			51 NAME 62 NAME		
51 STREET ADDRESS 63 STREET ADDRESS			51 CITY-ST-ZIP 64 CITY-ST-ZIP		
51 CITY-ST-ZIP 64 CITY-ST-ZIP			51 CITY-ST-ZIP 64 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/97

Date Daytime Phone #

CR2E037 (9/96)