

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 # **N45019 (9)**

1. Corporation Name
LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**3600 S CONGRESS AVE
SUITE 250
BOYNTON EBHAC FL 33426
US**

Mailing Address
**600 W HILLSBORO
STE 101
DEERFIELD BEACH FL 33441
US**

3. Date Incorporated or Qualified **09/06/1991** 3a. Date of Last Report **06/29/1995**

2. Principal Place of Business
21 **23257 STATE RD 7**

2a. Mailing Address
26 **23257 STATE RD 7**

4. FEI Number **65-0287175** Applied For Not Applicable

Suite, Apt. #, etc.
22 **BOCA RATON**

27 **BOCA RATON**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **FL.**

28 **FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 **33428** 25 Country
29 **33428** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FLEMING, ELIZABETH'S
600 W HILLSBORO BLVD
STE 101
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent
81 Name **NORMAN SILVERSTEIN**
82 Street Address (P.O. Box Number is Not Acceptable) **11 GREENLITE PROP. HGHT.**
83 **23257 STATE RD 7**
84 City **BOCA RATON** FL 85 Zip Code **33428**

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]* DATE **4/6/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, ELIZABETH	
STREET ADDRESS	600 W. HILLSBORO BLVD., #101	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	TD <i>President / D</i>	<input type="checkbox"/> DELETE
NAME	TRAUTMAN, ROBERT J	
STREET ADDRESS	600 W HILLSBORO BLVD STE 101	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	DS <i>Sec.</i>	<input type="checkbox"/> DELETE
NAME	PLATT, RONALD	
STREET ADDRESS	600 W. HILLSBORO BLVD #101	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<i>Pres Treasurer / D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TIM KELLY	
13 STREET ADDRESS	600 W. Hillsboro Blvd, 101	
14 CITY - ST - ZIP	Deerfield beach, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	100001852371	
44 CITY - ST - ZIP	-06/05/96--01033--040	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	***8.75	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	400001852374	
64 CITY - ST - ZIP	-06/05/96--01033--040	
65 STREET ADDRESS	***61.25	

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]* DATE: **4/5/96** (954) 426-9445

CR2E037 (12/95)