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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
13-141 N.W. 20TH STREET SUITE F-2 BOCA RATON FL 33431 US

3. Date Incorporated or Qualified **09/08/1991** 3a. Date of Last Report **06/05/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0287175	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAPLAN, LOUIS 500 AUSTRALIAN AVENUE SOUTH, SUITE 600 WEST PALM BEACH FL 33401		81 Name Neimark, Greene & Madel	85 Zip Code 33334
		82 Street Address (P.O. Box Number is Not Acceptable) 800 CORPORATE DR	
		83	
		84 City FL LAUDERDALE FL	

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 *Howard B. Madel* **HOWARD B. MADDEL** DATE **4/16/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, TIM	1.2 NAME	Ed Mamer
STREET ADDRESS	600 W. HILLSBORO BLVD., #101	1.3 STREET ADDRESS	10080 Lexington Circle N.
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	Boynton Beach, Fl. 33426
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMAN, ROBERT J	2.2 NAME	Low Doctor
STREET ADDRESS	600 W HILLSBORO BLVD STE 101	2.3 STREET ADDRESS	10370 Lexington Circle S.
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	Boynton Beach, Fl. 33426
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, RONALD	3.2 NAME	Jerry Sircus
STREET ADDRESS	600 W. HILLSBORO BLVD #101	3.3 STREET ADDRESS	10086 Lexington Circle N.
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	Boynton Beach Fl. 33426
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Paula Geruis
STREET ADDRESS		4.3 STREET ADDRESS	10321 Lexington Lakes
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Boynton Beach, Fl. 33426
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Mort Bardenstein
STREET ADDRESS		5.3 STREET ADDRESS	10205 Lexington Circle N.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Boynton Beach, Fl. 33426
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Harriet Barron
STREET ADDRESS		6.3 STREET ADDRESS	10459 Lexington Circle S.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Boynton Beach, Fl. 33426

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: *Ed Mamer* **ED MAMER** DATE **4/11/97**

CR2E037 (9/96)