


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 13-141 N.W. 20TH STREET SUITE F-2 BOCA RATON FL 33431 US			Mailing Address 13-141 N.W. 20TH STREET SUITE F-2 BOCA RATON FL 33431 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 09/06/1991 4. FEI Number 65-0287175 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent NEIMARK, GREENE & NADEL 800 CORPORATE DRIVE FT LAUDERDALE FL 33334			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARMER, ED		1.2 NAME		
STREET ADDRESS	10080 LEXINGTON CIRCLE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOCTOR, LOU		2.2 NAME		
STREET ADDRESS	10370 LEXINGTON CIRCLE S		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIRCUS, JERRY		3.2 NAME		
STREET ADDRESS	10088 LEXINGTON CIRCLE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERUIS, PAULA		4.2 NAME		
STREET ADDRESS	10321 LEXINGTON LAKES		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARDENSTEIN, MORT		5.2 NAME		
STREET ADDRESS	10205 LEXINGTON CIRCLE N		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRON, HARRIET		6.2 NAME		
STREET ADDRESS	10459 LEXINGTON CIRCLE S		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		6.4 CITY-ST-ZIP		
14. 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 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					



CR2E037 (10/97)

Jerry S. Sircus 2/20/98 561 782 8632
Date Daytime Phone # 0081894