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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N45019**

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

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/06/1991

22 City & State

27 City & State

4. FEI Number

Applied For  
 Not Applicable

65-0287175

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEIMARK, GREENE & NADEL  
 800 CORPORATE DRIVE  
 FT LAUDERDALE FL 33334

81 Name **St John, Dickore Kaplan**  
 82 Street Address (P.O. Box Number is Not Acceptable) **500 AUSTRALIAN AVE # 600**  
 83  
 84 City **W. Palm Beach** FL 85 Zip Code **33401**

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

*Louis Doctor Esq. ST. John, Dickore Kaplan*

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **MARMER, ED**  
 STREET ADDRESS **10080 LEXINGTON CIRCLE N**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

1.1 TITLE  Change  Addition  
 NAME **Candy Self**  
 1.2 NAME  
 STREET ADDRESS **10147 Lex Lakes Blvd N**  
 1.3 STREET ADDRESS  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **DOCTOR, LOU**  
 STREET ADDRESS **10370 LEXINGTON CIRCLE S**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

2.1 TITLE  Change  Addition  
 NAME **LOUIS DOCTOR**  
 2.2 NAME  
 STREET ADDRESS **10370 LEXINGTON CIRCLE S**  
 2.3 STREET ADDRESS  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **SIRCUS, JERRY**  
 STREET ADDRESS **10086 LEXINGTON CIRCLE N**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

3.1 TITLE  Change  Addition  
 NAME **HARVEY GOLDMAN**  
 3.2 NAME  
 STREET ADDRESS **10341 Lex Circle S**  
 3.3 STREET ADDRESS  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **GERUIS, PAULA**  
 STREET ADDRESS **10321 LEXINGTON LAKES**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

4.1 TITLE  Change  Addition  
 NAME **BILL MACLEAN**  
 4.2 NAME  
 STREET ADDRESS **10273 Lex Lakes Blvd N**  
 4.3 STREET ADDRESS  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

*Louis Doctor* SIGNATURE REQUIRED

DOCTOR 04/21/99 735-9564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)