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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N45019

1. Corporation Name

LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

					
Principal Place	e of Business	Mailing Address		- .	
13-141 N.W. 20TH STREET		13-141 N.W. 20TH STREET		I LANGUAGO DIL ALDRI DIGULARIEN HAKE GALLET	IRKI BIBIK BIBIK BIBIK BIBIK BIBIK IBBI
SUITE F-2	WIN SINCE	SUITE F-2			
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us		US			
		T 22 14 11 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date Incorporated or Qualifed	
 1	lace of Business	2a. Mailing Address		09/06/1991	
21	W -1-	26 Suite, Apt. #, etc.		4. FEI Number	Applied For
Suite, Apt,	#, etc.	27		65-0287175	Not Applicable
City & State	le .	City & State			\$8.75 Additional
23		28		5. Certifcate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	0	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ered Agent
			81 Name	John, Lickera C	Ap(An)
NEIMARK	(, GREENE & NADEL		82 Street Addr	ess P.O. Box Number is Not Acceptable)	- 1 // / - -
	PORATE DRIVE		500	HUSTRALIAN AY	e # 600
	ERDALE FL 33334		83		
11 2000	ENDALE I E 00004		84 /City O	1	85 Zip Code ,
<u> </u>	$\langle \cdot \rangle$	•	1 1173 - 5 8		FL 13340/
11. Pursuant to the provisions of Sections 6/7.0502 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 agreept the obligations of, Section 617.0503, Florida Statutes.					
office or registered agent, an accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE		Louis Conton E	Sec. 51.311 1	hoter of Copler	126/98
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ri	egisjered Agent signature require	d when reinstating)	126/98 E
SIGNATURE	Skinature, typed or prised name of registered agent OFFICERS ANI	and title if applicable. (NOTE: Ri	Sec. 51.311 1	d when reinstating) ADDITIONS/CHANGES TO OFFICER	126/98 E
SIGNATURE 12. TITLE	Synature, typed or preded name of registered agent OFFICERS ANI	and title if applicable. (NOTE: RID DIRECTORS)	egispered Agent signature required	advisor of Colors of Color	S AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME	Signature, typed or prided name of registered agent OFFICERS ANI MARMER, ED	and title if applicable. (NOTE: RID DIRECTORS)	egispered Agent signature required 13. 1.1 TITLE 1.2 NAME	d when reinstating) ADDITIONS/CHANGES TO OFFICER V.P.	S AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Synature, typed or predict name of registered agent OFFICERS ANI MARMER, ED 10080 LEXINGTON CIRCLE N	and title if applicable. (NOTE: RID DIRECTORS)	egispred Agent algnature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	advisor of Colors of Color	S AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or prised name of registered agent OFFICERS ANI O MARMER, ED 10080 LEXINGTON CIRCLE N BOYNTON BEACH FL	and title if applicable. (NOTE: RID DIRECTORS)	egispred Agent algnature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	additions/Changes to officer 2 v.P. Andy Self 10147 Lex Lakes (3040+00 Beach F	SAND DIRECTORS IN 12 Change Addition 33436 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or prised name of registered agent OFFICERS ANI O MARMER, ED 10080 LEXINGTON CIRCLE N BOYNTON BEACH FL D	bud title if applicable. (NOTE RED DIRECTORS	gispfred Agent algnature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	additions/Changes to officer 2 v.P. Andy Self 10147 Lex Lakes (3040+00 Beach F	SAND DIRECTORS IN 12 Change Addition 33436 Change Addition
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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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF THE PARTY OF THE PARTY

STREET ADDRESS