

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90259 037 \*\*\*\*70.00

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**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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

09/06/1991

4. FEI Number

65-0287175

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

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 **St John, Dickore (Ap/An)**  
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 & Caplan*

4/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D V.P.** ☒ Change ☐ Addition  
1.2 NAME **Candy Self**  
1.3 STREET ADDRESS **10147 Lex Lakes Blvd N**  
1.4 CITY-ST-ZIP **Boynton Beach FL 33436**

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

3.1 TITLE **D TRUS.** ☒ Change ☐ Addition  
3.2 NAME **HARVEY GOLDMAN**  
3.3 STREET ADDRESS **10341 Lex Circle S**  
3.4 CITY-ST-ZIP **Boynton Beach FL 33436**

4.1 TITLE **D SEC.** ☒ Change ☐ Addition  
4.2 NAME **Bill MacLean**  
4.3 STREET ADDRESS **10273 Lex Lakes Blvd N**  
4.4 CITY-ST-ZIP **Boynton Beach FL 33436**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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* **DOCTOR**

04/21/99

735-9564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)