

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90210 025 \*\*\*\*61.25

**00080005**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N45019

1. Entity Name

**Lexington Lakes Homeowners Association, Inc.**



Principal Place of Business

Mailing Address

**Management Services of America, Inc.**  
**639 E. Ocean Avenue, Suite 204**  
**Boynton Beach, FL 33435**

2. Principal Place of Business

3. Mailing Address

**639 E. Ocean Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 204**

City & State

City & State

**Boynton Beach, FL**

4. FEI Number

**65-0287175**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33435**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Louis Caplan, Esquire**  
**500 Australian Avenue, So.**  
**Suite 600**  
**West Palm Beach, FL 33401**

7. Name and Address of New Registered Agent

Name **Sachs, CSaka & Klein, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**Northern Trust Plaza, Suite 4150**  
**301 Yamato Road**  
City **Boca Raton, FL** Zip Code **33431**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Louis Caplan, Esquire*

*8/07/2000*

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lewis Doctor 10370 Lexington Circle South Boynton Beach, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Candy Self 10147 Lexington Lakes Blvd. North Boynton Beach, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Harvey Goldman 10341 Lexington Circle South Boynton Beach, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bill MacLean 10273 Lexington Lakes Circle South Boynton Beach, FL 33436	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herb Hagness 10437 Lexington Circle South Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Joyce Paul 10315 Lexington Lakes Blvd., South Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Claire Widensky 10303 Lexington Lakes Blvd., South Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mort Bardenstein 10205 Lexington Circle North Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mel Kantor 10165 Lexington Lakes Blvd. North Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Goebelt 10164 Lexington Circle North Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Lewis J. Doctor*

**LEWIS J. DOCTOR, PRESIDENT**

*8/15/00*

*561 735-7564*

CR2E037 (9/99)