

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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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

DO NOT WRITE IN THIS SPACE

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, C Saks & 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

Signature and typed or printed name of signing officer or director

Date

Telephone #

CR2E037 (9/99)