FROM :X FAX NO. :

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90395 029 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45019

1. Entity Name
LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

4007548b

Principal Place of Business	Mailing Address
639 E. OCEAN AVE. SUITE 204 BOYNTON BEACH, FL 33435 US	639 E OCEAN AVENUE SUITE 204 BOYNTON BEACH, FL 33435 US

02072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
7700 Congress Avenue	7700 Congress Avenue
Suite, Apt. #, etc.: Suite 1128	Suite, Apt. #, etc.: Suite 1128
City & State: Boca Raton, FL	City & State: Boca Raton FL
Zip: 33487 Country: P.B.	Zip: 33487 Country: PB

4. FEI Number: 65-0287175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, LOUIS
NORTHERN TRUST PLAZA SUITE 4150
301 YAMATO RD
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Management Services of America
Street Address (P.O. Box Number is Not Acceptable): 7700 Congress Avenue
Suite 1128
City: Boca Raton FL Zip Code: 33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Alan Levin 4.24.06
Signature required of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MACI FAN, WILLIAM 10273 LEXINGTON LAKES BLVD. SOUTH BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joan Sirus 10086 Lexington Circle N. Boynton Beach, FL 33436	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D KANTOR, MEL 10185 LEXINGTON LAKES BLVD BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Grayson Brown 10033 Lexington Circle N Boynton Beach, FL 33436	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D WIDENSKY, CLAIRE 10303 LEXINGTON CIRCLE SOUTH BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ed Marmer 10080 Lexington Circle N Boynton Beach, FL 33436	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARDENSTEIN, MORT 10205 LEXINGTON CIR N BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLUESTEIN, EDWARD 10503 LEXINGTON CIRCLE SOUTH BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 asterisk, with all other like empowered.

SIGNATURE: _____ Alan Levin 4.24.06 5619881888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #