
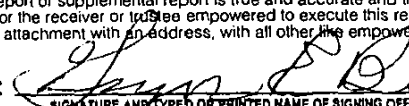


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 032 ****61.25

DOCUMENT # N45019					
1. Entity Name LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 770 CONGRESS AVE STE 1128 BOCA RATON, FL 33487 US			Mailing Address 770 CONGRESS AVE STE 1128 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # 8694 INDIAN RIVER RUN		3. Mailing Address 8694 INDIAN RIVER RUN		40021393	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312007 Chg-NP CR2E037 (12/06)	
City & State Boynton Beach FL		City & State Boynton Beach FL		4. FEI Number 65-0287175	
Zip 33437		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MGMT SRVS., OF AMERICA 7700 CONGRESS AVE STE 1128 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Association Management Group Street Address (P.O. Box Number is Not Acceptable) 8694 INDIAN RIVER RUN City Boynton Beach FL Zip Code 33437		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					

Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACLEAN, WILLIAM		NAME	Pizzi, Tony			
STREET ADDRESS	10273 LEXINGTON LAKES BLVD. SOUTH		STREET ADDRESS	10116 Lexington Circle North			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach FL 33436			
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANTOR, MEL		NAME	Kantor mel			
STREET ADDRESS	10165 LEXINGTON LAKES BLVD		STREET ADDRESS	10165 Lexington Lakes BLVD			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach FL 33436			
TITLE	T/D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIDENSKY, CLAIRE		NAME				
STREET ADDRESS	10303 LEXINGTON CIRCLE SOUTH		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, GRAYSON		NAME	BROWN GRAYSON			
STREET ADDRESS	10033 LEXINGTON CIR N		STREET ADDRESS	10033 Lexington Circle North			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach FL 33436			
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORMER, ED		NAME	MARMER ED			
STREET ADDRESS	10080 LEXINGTON CIR N		STREET ADDRESS	10080 Lexington Circle North			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach FL 33436			
TITLE	P	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIRASUS, JOAN		NAME	SIRCUS, JOAN			
STREET ADDRESS	10086 LEXINGTON CIR N		STREET ADDRESS	10086 Lexington Circle North			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach FL 33436			
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 address, with all other like empowered.							
SIGNATURE: 				Date: 2/15/07 Daytime Phone: 382591			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				GRAYSON E. BROWN			