

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004590 (4)**

1. Corporation Name  
**LEXINGTON ESTATES AD HOC CIVIC ASSOCIATION INC.**



Principal Place of Business: **22286-TUPELO PLACE BOCA RATON FL 33428**  
Mailing Address: **22286-TUPELO PLACE BOCA RATON FL 33428**

3. Date Incorporated or Qualified: **09/26/1995**  
3a. Date of Last Report: **FIRST REBET**

21	22269 RUSHMORE PL	26	22269 RUSHMORE PL
22		27	
23	BOCA RATON FL	28	BOCA RATON FL
24	33428	25	PALM BEACH
		29	33428
		30	PALM BEACH

4. FEI Number: **22-3400905**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**KAPLAN, MORRIS  
22286-TUPELO PLACE  
BOCA RATON FL 33428**

**10. Name and Address of New Registered Agent**

81 Name: **THOMAS GIAMBOI**  
82 Street Address (P.O. Box Number is Not Acceptable): **22269 RUSHMORE PLACE**  
83  
84 City: **BOCA RATON** FL 85 Zip Code: **33428**

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: *Thomas Giamboi* **THOMAS GIAMBOI; TREASURER 2-15-96**  
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	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERT CATAN</b>
STREET ADDRESS	<b>10141 UMBELLAND PLACE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>MORTON TOBIN</b>
STREET ADDRESS	<b>22291 HOLCOMB PLACE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE
NAME	<b>KLENE COURT</b>
STREET ADDRESS	<b>22198 CRESSMONT PLACE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
TITLE	<b>THOMAS GIAMBOI</b> <input type="checkbox"/> DELETE
NAME	<b>TREASURER</b>
STREET ADDRESS	<b>22269 RUSHMORE PLACE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
TITLE	<b>DIRECTOR AT LARGE</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS KAPLAN</b>
STREET ADDRESS	<b>22286 TUPELO PLACE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
TITLE	<b>DIRECTOR AT LARGE</b> <input type="checkbox"/> DELETE
NAME	<b>ETTORE PETRONE</b>
STREET ADDRESS	<b>22266 HOLCOMB PLACE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DIRECTOR AT LARGE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SUE BETH ZITNER</b>
1.3 STREET ADDRESS	<b>10081 UMBELLAND PLACE</b>
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Thomas Giamboi* **THOMAS GIAMBOI 2-15-96 407 477-9914**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)