

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23538** (4)  
1. Corporation Name  
**THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC**



Principal Place of Business <b>% BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS FL 33067</b>	Mailing Address <b>% BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS FL 33067</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/18/1987</b>	Applied For Not Applicable
4. FEI Number <b>65-0028393</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KROKOFF, LESTER 7549B LEXINGTON CLUB BLVD DELROAY BEACH FL 33446</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>KROKOFF, LESTER</b>
STREET ADDRESS	<b>7549B LEXINGTON CLUB BLVD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>HELLER, STEPHEN</b>
STREET ADDRESS	<b>7544A LEXINGTON CLUB BLVD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>WEINER, MORRIS</b>
STREET ADDRESS	<b>7544 LEXINGTON CLUB BLVD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>LECHTEN, WALTER</b>
STREET ADDRESS	<b>7840 LEXINGTON CLUB BLVD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Morris Weiner</b>
1.3 STREET ADDRESS	<b>7544A Lexington Club Blvd.</b>
1.4 CITY-ST-ZIP	<b>Delray Beach, FL 33446</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Irwin Sieger</b>
2.3 STREET ADDRESS	<b>7681C Lexington Club Blvd.</b>
2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33446</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
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 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 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/97)