

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23538

1. Entity Name

THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90065 008 ****61.25

Principal Place of Business	Mailing Address
% BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS FL 33067	% BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS FL 33067-2071

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0028393

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROKOFF, LESTER
7549B LEXINGTON CLUB BLVD
DELROAY BEACH FL 33446

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

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	VP	<input checked="" type="checkbox"/> Delete
NAME	WEINER, MORRIS	
STREET ADDRESS	7544A LEXINGTON CLUB BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SEIGER, IRWIN	
STREET ADDRESS	7681 LEXINGTON CLUB BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LECHTEN, WALTER	
STREET ADDRESS	7840 LEXINGTON CLUB BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALVIN, SIMON	
STREET ADDRESS	7620A LEXINGTON CLUB BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krokoff, Lester	
STREET ADDRESS	7549 B Lexhinton Club Blvd	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weinstein, Lynne	
STREET ADDRESS	7832 Lexington Club Blvd	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kanes, Stanley	
STREET ADDRESS	7954 B Lexington Club Blvd	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	Sec-Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sieger, Irwin	
STREET ADDRESS	7681 Lexington Club Blvd	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

954-344-5353

Date

Daytime Phone #

CR2E037 (9/99)