


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90023 013 \*\*\*\*61.25

<b>DOCUMENT # N23538</b>	
1. Entity Name <b>THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC</b>	
	
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>

**40016488**



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0028393</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>KROKOFF, LESTER 7549B LEXINGTON CLUB BLVD DELROAY BEACH, FL 33446</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, AVRUCH 7776 B LEXINGTON CLUB BLVD. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, ALVIN 7620 A LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LABUSH, BERNARD 7644 LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LECHTEN, WALTER 7840 C LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KROKOFF, LESTER 7549 B LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **BERNARD LABUSH** **TREAS**  
Date: **2/2/05** Daytime Phone #: **954-344-5353**