
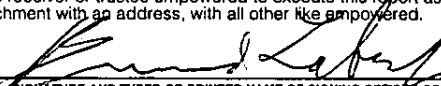


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90117 047 ****61.25

DOCUMENT # N23538 1. Entity Name THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC					
Principal Place of Business % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS, FL 33067			Mailing Address % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KROKOFF, LESTER 7549B LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, AVRUCH 7776 B LEXINGTON CLUB BLVD. DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Levine Robert Secretari 7557 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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Alvin Simon 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Morris Avruach 7776 B 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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROKOFF, LESTER 7549 B LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			BERNARD LABUSH 3-6-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		