
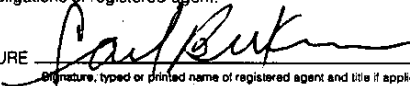
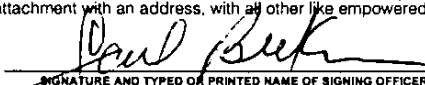


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90083 036 \*\*\*\*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.</b> <b>7932 WILES RD</b> <b>CORAL SPRINGS, FL 33067</b>			Mailing Address <b>% BENCHMARK PROPERTY MANAGEMENT, INC.</b> <b>7932 WILES RD</b> <b>CORAL SPRINGS, FL 33067</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0028393</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KROKOFF, LESTER</b> <b>7549B LEXINGTON CLUB BLVD</b> <b>DELROAY BEACH, FL 33446</b>			7. Name and Address of New Registered Agent  <b>James N. Rayer, Attorney at Law</b> Street Address (P.O. Box Number is Not Acceptable) <b>5301 N. Federal Highway</b> <b>Suite 130</b> City <b>Box a Raton</b> <b>FL</b> Zip Code <b>33487</b>		
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 			DATE <b>4/11/07</b>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ROBERT, LEVINE STREET ADDRESS 7557 LEXININM CLUB BLVD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE P NAME Berkman, Carl STREET ADDRESS 7724B Lexington Club Blvd. CITY-ST-ZIP DELRAY BEACH FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SIMON, ALVIN STREET ADDRESS 7620 A LEXINGTON CLUB BLVD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE VP. NAME Levine, Robert STREET ADDRESS 7557A Lexington Club Blvd. CITY-ST-ZIP DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME AVRUCH, MORRIS STREET ADDRESS 7776 B LEXINGTON CLUB BLVD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE VP 2nd NAME Diamond, She STREET ADDRESS 7620A Lexington Club Blvd. CITY-ST-ZIP DELRAY BEACH FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME KROKOFF, LESTER STREET ADDRESS 7549 B LEXINGTON CLUB BLVD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE Sec. NAME Halzel, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Treas. NAME Labush, Bernard STREET ADDRESS 7644A Lexington Club Blvd. CITY-ST-ZIP DELRAY BEACH FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			Date <b>4/11/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>954-344-5353</b>		