

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38516

FILED
Feb 01, 2022
Secretary of State
9845531039CC**Entity Name:** LEXINGTON HOMES ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**SUPERIOR ASSOCIATION MANAGEMENT
20283 STATE ROAD 7 SUITE 219
BOCA RATON, FL 33498**Current Mailing Address:**SUPERIOR ASSOCIATION MANAGEMENT
20283 STATE ROAD 7 SUITE 219
BOCA RATON, FL 33498 US**FEI Number:** 65-0287177**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WASSERSTEIN, P.A.
301 YAMATO ROAD STE 2199
BOCA RATON, FL 33431 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	GRECO, JOSEPH
Address	SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE 219
City-State-Zip:	BOCA RATON FL 33498

Title	TREASURER
Name	SABIN, MICHAEL
Address	SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE 219
City-State-Zip:	BOCA RATON FL 33498

Title	VP
Name	BLUM, HARLOW
Address	SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE 219
City-State-Zip:	BOCA RATON FL 33498

Title	DIRECTOR
Name	MICHAEL, CALABRESE
Address	SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE 219
City-State-Zip:	BOCA RATON FL 33498

Title	SECRETARY
Name	LEVIN, LAUREN
Address	SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE 219
City-State-Zip:	BOCA RATON FL 33498

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH GRECO

PRESIDENT

02/01/2022

Electronic Signature of Signing Officer/Director Detail_____
Date