

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38516

FILED
Feb 05, 2020
Secretary of State
8410119251CC**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:**KAYE BENDER REMBAUM, P.L.
LISA A. MAGILL, ESQUIRE
1200 PARK CENTRAL BLVD. SOUTH
POMPANO BEACH, FL 33064 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	DIRECTOR
Name	BLAKE, JUDD
Address	SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE 219
City-State-Zip:	BOCA RATON FL 33498

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

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

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

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

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

Title	DIRECTOR
Name	KRAMER, GARY
Address	SUPERIOR ASSOCIATION MANAGEMENT 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: SANDI WEBER**PRESIDENT****02/05/2020**

