

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45019

Entity Name: LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3900 WOODLAKE BLVD STE 309
LAKE WORTH, FL 33463

Current Mailing Address:

3900 WOODLAKE BLVD STE 309
LAKE WORTH, FL 33463 US

FEI Number: 65-0287175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPLAN, LOUIS ESQ
SACHS & SAX
6111 BROKEN SOUND PKWY., NW, SUITE 200
BOCA RATON, FL 33487 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 TREASURER
Name BAKER , DEBBIE
Address 3900 WOODLAKE BLVD STE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name SHERWOOD, CAROLE
Address 3900 WOODLAKE BLVD STE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name PARRISH , JACOB
Address 3900 WOODLAKE BLVD STE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name SCULLY, TRACEY
Address 3900 WOODLAKE BLVD STE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name DALY, GRACE
Address 3900 WOODLAKE BLVD STE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name GATES, STEVEN
Address 3900 WOODLAKE BVD.
 309
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name MESIANO , DAVID
Address 3900 WOODLAKE BVD.
 309
City-State-Zip: LAKE WORTH FL 33463

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: DAVID MESIANO

PRESIDENT

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date