

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45019

Entity Name: LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 28, 2018
Secretary of State
CC9637135969**Current Principal Place of Business:**C/O TRAK PROPERTY MANAGEMENT GROUP
751 PARK OF COMMERCE DRIVE SUITE 116
BOCA RATON, FL 33487**Current Mailing Address:**C/O TRAK PROPERTY MANAGEMENT GROUP
751 PARK OF COMMERCE DRIVE SUITE 116
BOCA RATON, FL 33487 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	PRESIDENT
Name	MOLL, CHERYL
Address	C/O TRAK PROPERTY MANAGEMENT GROUP 751 PARK OF COMMERCE DRIVE SUITE 116
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER
Name	LAURENCEAU, PIERRE
Address	C/O TRAK PROPERTY MANAGEMENT GROUP 751 PARK OF COMMERCE DRIVE SUITE 116
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	SCULLY, TRACY
Address	C/O TRAK PROPERTY MANAGEMENT GROUP 751 PARK OF COMMERCE DRIVE SUITE 116
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	MANSA, GAIL
Address	C/O TRAK PROPERTY MANAGEMENT GROUP 751 PARK OF COMMERCE DRIVE SUITE 116
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	SHERWOOD, CAROLE
Address	C/O TRAK PROPERTY MANAGEMENT GROUP 751 PARK OF COMMERCE DRIVE SUITE 116
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	RAINER, KAREN
Address	C/O TRAK PROPERTY MANAGEMENT GROUP 751 PARK OF COMMERCE DRIVE SUITE 116
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	CAPRIA, AL
Address	C/O TRAK PROPERTY MANAGEMENT GROUP 751 PARK OF COMMERCE DRIVE SUITE 116
City-State-Zip:	BOCA RATON FL 33487

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: CHERYL MOLL

PRESIDENT

04/28/2018

Electronic Signature of Signing Officer/Director Detail

Date