

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45019

FILED
Apr 28, 2018
Secretary of State
CC9637135969

Entity Name: LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

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
SIGNATURE: CHERYL MOLL PRESIDENT 04/28/2018
my hand in office of 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.

Electronic Signature of Signing Officer/Director Detail

Date