

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45019

**FILED  
Apr 20, 2015  
Secretary of State  
CC8593931603**

**Entity Name:** LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
3918 VIA POINCIANA DR SUITE #9  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
3918 VIA POINCIANA DR SUITE #9  
LAKE WORTH, FL 33467 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            SHERWOOD, CAROLE  
Address        10376 LEXINGTON CIRCLE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            VP  
Name            PUCEK, DAWN  
Address        10387 LEXINGTON CIRCLE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            TREASURER  
Name            BAKER, DEBORAH  
Address        10115 LEXINGTON CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            SECRETARY  
Name            KRECKOVSKY, MELANIE  
Address        10526 LEXINGTON CIRCLE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            GOEBELT, RONALD  
Address        10164 LEXINGTON CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            GATES, STEVE  
Address        10074 LEXINGTON CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            GILKES, LLEWELLYN  
Address        110352 LEXINGTON CIRCLE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            MOLL, CHERYL  
Address        10068 LEXINGTON CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

**Continues on page 2**

*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:** CAROLE SHERWOOD

**PRESIDENT**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           TORTORA, GARY  
Address        10020 LEXINGTON CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33436