

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N45019

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

**FILED**  
**Dec 14, 2016**  
**Secretary of State**  
**CC6216269082**

**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            MOLL, CHERYL  
Address        10068 LEXINGTON CIRCLE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            TREASURER  
Name            LAURENCEAU, PIERRE  
Address        10092 LEXINGTON LAKES BLVD SO  
City-State-Zip: BOYNTON BEACH FL 33436

Title            VP  
Name            SCULLY, TRACY  
Address        10098 LEXINGTON CIR S  
City-State-Zip: BOYNTON BACH FL 33436

Title            SECRETARY  
Name            MANSA, GAIL  
Address        10423 LEXINGTON LAKES NO  
City-State-Zip: BOYNTON BEACH FL 33436

*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**

**12/14/2016**

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

\_\_\_\_\_  
Date