

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45019

FILED
Mar 31, 2014
Secretary of State
CC4444048135

Entity Name: LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O APM
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

Current Mailing Address:

C/O APM
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461 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

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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

03/31/2014

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