

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45019

**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            HEEGE, MARY  
Address        10199 LEXINGTON CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            LIBERMAN, FRANCINE  
Address        10128 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:** SHERWOOD, CAROLE

PRESIDENT

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	COHEN, ELAINE
Address	10110 LEXINGTON CIRCLE NORTH
City-State-Zip:	BOYNTON BEACH FL 33436