

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45019

**Entity Name:** LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Apr 28, 2019**  
**Secretary of State**  
**1526889221CC****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 VP, TREASURER  
Name BAKER , DEBBIE  
Address C/O TRAK PROPERTY MANAGEMENT GROUP  
751 PARK OF COMMERCE DRIVE  
SUITE 116  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
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

Title DIRECTOR  
Name DALY, GRACE  
Address C/O TRAK PROPERTY MANAGEMENT GROUP  
751 PARK OF COMMERCE DRIVE  
SUITE 116  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
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 PARRISH , JACOB  
Address C/O TRAK PROPERTY MANAGEMENT GROUP  
751 PARK OF COMMERCE DRIVE  
SUITE 116  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name SCULLY, TRACEY  
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 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

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date