

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 303129

**Entity Name:** COLONIAL RIDGE LEXINGTON INC**Current Principal Place of Business:**C/O CMC MANAGEMENT  
2950 S JOG ROAD  
GREENACRES, FL 33467**Current Mailing Address:**C/O CMC MANAGEMENT  
2950 S JOG ROAD  
GREENACRES, FL 33467 US**FEI Number:** 59-1315249**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CENTURY MANAGEMENT CONSULTANTS, INC  
C/O CMC MANAGEMENT  
2950 S JOG ROAD  
GREENACRES, FL 33467 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:** SCOT GERRISH

03/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO PRESIDENT  
Name KERDOK, GERRY  
Address C/O CMC MANAGEMENT  
2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title CO PRESIDENT  
Name KERDOK, DICK  
Address C/O CMC MANAGEMENT  
2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title VICE PRESIDENT  
Name RATTE, DAVID  
Address C/O CMC MANAGEMENT  
2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title TREASURER, SECRETARY  
Name NUNN, BARBARA  
Address C/O CMC MANAGEMENT  
2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title DIRECTOR  
Name THOMAS, BETSY  
Address C/O CMC MANAGEMENT  
2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS , BETSY**DIRECTOR**

03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date