

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761497

1. Entity Name

LEXINGTON SQUARE ASSOCIATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90035 008 ****61.25

Principal Place of Business 8000 SOUTH US 1, SUITE 402 PT ST LUCIE FL 34952	Mailing Address 8000 SOUTH US 1, SUITE 402 PT ST LUCIE FL 34952-2338
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2263402** | Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEWMAN, HARVEY
8200 SOUTH US 1
PT ST LUCIE FL 33452

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** | Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNNE, JOEL F 8200 SOUTH US 1 PT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNNE, ERIC P. 8000 SOUTH US 1, SUITE 402 PT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWMAN, HARVEY 8200 SOUTH US 1 PT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNNE, MATTHEW LYLE 8000 SOUTH US 1, SUITE 402 PORT ST. LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harvey A. Newman 01/24/00 (561) 878-5513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #