2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761497

1. Entity Name
LEXINGTON SQUARE ASSOCIATION, INC.

FILED
04 JAN 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8000 SOUTH US 1, SUITE 402 PT ST LUCIE, FL 34952	8000 SOUTH US 1, SUITE 402 PT ST LUCIE, FL 34952

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01072004 No Chg-NP CR2E037 (10/03)

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

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

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01/29/04--01066--004 **61.25

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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 1/19/04 (772) 878-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #