

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 761497</b><br>1. Entity Name<br>LEXINGTON SQUARE ASSOCIATION, INC. |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>8000 SOUTH US 1, SUITE 402<br>PT ST LUCIE, FL 34952 | Mailing Address<br>8000 SOUTH US 1, SUITE 402<br>PT ST LUCIE, FL 34952 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

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01172005 No Chg-NP CR2E037 (10/03)

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br>59-2263402                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|                                                                                                                   |                                       |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>NEWMAN, HARVEY<br>8200 SOUTH US 1<br>PT ST LUCIE, FL 33452 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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.

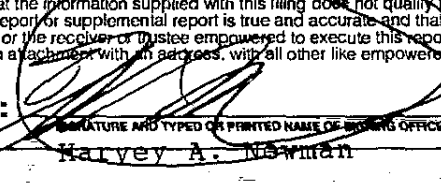
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                     |                                                                                                                           |                                           |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 1100007229555<br>02/15/05-80002-001 61.25 |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WYNNE, JOEL F<br>8200 SOUTH US 1<br>PT ST LUCIE, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WYNNE, ERIC P.<br>8000 SOUTH US 1, SUITE 402<br>PT ST LUCIE, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>NEWMAN, HARVEY<br>8200 SOUTH US 1<br>PT ST LUCIE, FL                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WYNNE, MATTHEW L<br>8000 SOUTH US 1, SUITE 402<br>PORT ST. LUCIE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |

**DO NOT WRITE  
IN THIS SPACE**

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:**  **2/8/05 (772) 878-5513**  
SIGNATURE AND TYPED OR PRINTED NAME OF EMPOWERED OFFICER OR DIRECTOR Date Daytime Phone #