

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 761497

1. Entity Name
LEXINGTON SQUARE ASSOCIATION, INC.



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**



01112007 No Chg-NP CR2E037 (4/06)

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**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 L
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	

U00000607266
01/31/07-80030-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Newman 1/15/07 (772) 878-5513