2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 761497

Entity Name: LEXINGTON SQUARE ASSOCIATION, INC.

Current Principal Place of Business:

8000 SOUTH US 1, SUITE 402
PT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8000 SOUTH US 1, SUITE 402
PT ST LUCIE, FL 34952

New Mailing Address:

PO BOX 8622
PT ST LUCIE, FL 34985

FEI Number: 59-2263402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NEWMAN, HARVEY
8000 SOUTH US 1
402
PT ST LUCIE, FL 33452 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: _____ 04/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RODRIGUEZ, STEVEN
Address: 8000 SOUTH US 1, STE. 402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VD ( ) Delete
Name: WYNNE, ERIC P.
Address: 8000 SOUTH US 1, SUITE 402
City-St-Zip: PT ST LUCIE, FL

Title: SD ( ) Delete
Name: NEWAN, HARVEY
Address: 8000 SOUTH US 1, STE. 402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete
Name: FERRAR, JOHN
Address: 6971 HERITAGE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: WYNNE, ERIC P.
Address: 8000 SOUTH US 1, SUITE 402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VD (X) Change ( ) Addition
Name: NEWAN, HARVEY
Address: 8000 SOUTH US 1, STE. 402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change ( ) Addition
Name: FERRARO, JOHN
Address: 6971 HERITAGE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD ( ) Change (X) Addition
Name: PELLETIER, JERRY
Address: 8000 SOUTH US 1, SUITE 402
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN RODRIGUEZ PD 04/06/2009
Electronic Signature of Signing Officer or Director — Date