

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 768540 (7)
1. Corporation Name
LEXINGTON GREEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7100 FAIRWAY DR #29 PALM BEACH GARDENS FL 33418	Mailing Address 7100 FAIRWAY DR #29 PALM BEACH GARDENS FL 33418
---	---

3. Date Incorporated or Qualified
05/19/1983

4. FEI Number 59-2289298	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

21. Principal Place of Business 300 AVENUE OF CHAMPIONS Suite, Apt #, etc.	22. Mailing Address 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc.
23. City & State PALM BEACH GARDENS, FL	24. City & State PALM BEACH GARDENS, FL
25. Zip 33418	26. Country USA
27. Zip 33418	28. Country USA

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**QUEEN, SUSAN M.
7100 FAIRWAY DR #29
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	300 AVENUE OF CHAMPIONS
83.	
84. City	PALM BEACH GARDENS, FL
85. Zip Code	33418

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROTH, WILLIAM	1.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR 29	1.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GDN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOJCIESZEK, EUGENE	2.2 NAME	
STREET ADDRESS	FAIRWAY DR 29	2.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GDN FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, RICHARD	3.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	3.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, WILLIAM	4.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE	4.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *William A. Schroth* 2/13/98

CR2E037 (10/97)