


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

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90339 047 \*\*\*\*70.00

<b>DOCUMENT # 768540</b>					
1. Entity Name LEXINGTON GREEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US			Mailing Address 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QUEEN, SUSAN M. 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, SONDR		NAME	Renee Stech	
STREET ADDRESS	300 AVE OF CHAMPIONS		STREET ADDRESS	300 AVE of the Champions	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	PBG, FL. 33415	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APELL, LINDA		NAME	Gay Condit	
STREET ADDRESS	300 AVE OF THE CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMPLOUGH, KAREN		NAME	Matt Owen	
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL, RON		NAME	Richard Schmitz	
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGLEY, BETSEY		NAME		
STREET ADDRESS	300 AVE OF THE CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Betsy Bigley Pres</u>			Date: <u>4/16/05</u>		Daytime Phone #: <u>561-625-8588</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

50040154



04142005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2289298 Applied For Not Applicable

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

FL

Zip Code

Delete

Delete

Delete

Delete

Delete

Delete

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition