


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90024 047 ****70.00

DOCUMENT # 768540			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 120</i>		Suite, Apt. #, etc. <i>Suite 120</i>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2289298		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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) <i>300 Ave of the Champions #120</i> 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S CLAYTON, GERI J 16-O LEXINGTON LANE WEST PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nanic, Damir 300 Ave of the Champions #120 Palm Beach Gardens FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUNDE, DAVE 25F LEXINGTON LANE WEST PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Ave of the Champions #120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIGLEY, BETSEY 6-E LEXINGTON LANE EAST PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chenoweth, Kate 300 Ave of the Champions #120 Palm Beach Gardens FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELTRINGHAM, ANITA 2-E LEXINGTON LANE EAST PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eltringham, Anita 300 Ave of the Champions #120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, ROSEMARIE 4E LEXINGTON LANE EAST PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fraiser, Chris 300 Avenue of the Champions #120 Palm Beach Gardens FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David A. Kunde</i> DAVID A. KUNDE Treasurer		Date <i>3/25/08</i> Daytime Phone #	