

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005823

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** LEXINGTON PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

901 DOUGLAS AVE, STE 206  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

901 DOUGLAS AVE, STE 206  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-3715493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAUDHAIR, JAY  
901 DOUGLAS AVE, STE 206  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CHAUDHAIR, JAY  
**Address:** 901 DOUGLAS AVE, STE 206  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** D  
**Name:** CHAUDHARI, MEENA G  
**Address:** POB 741008  
**City-St-Zip:** ORANGE CITY, FL 32774

**Title:** D  
**Name:** MANJI, WAHEEDA  
**Address:** 2120 RONALD REAGAN BLVD  
**City-St-Zip:** LONGWOOD, FL 32750

I hereby 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 all other like empowered.

**SIGNATURE:** JAY CHAUDHARI

D

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date