

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

DOCUMENT# N14609

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** LEXINGTON SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JERRY PELLETIER  
6903 HERITAGE DR  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JERRY PELLETIER  
6903 HERITAGE DR  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 65-0015439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PELLETIER, JERRY  
6903 HERITAGE DR  
PORT ST. LUCIE, FL 33952 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:** P  
**Name:** PELLETIER, JERRY  
**Address:** 111 SW SEBRING CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** VP  
**Name:** KIETER, DEL  
**Address:** 6941 HERITAGE DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

**Title:** ST  
**Name:** PELLETIER, MARY S  
**Address:** 111 SW SEBRING CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

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:** JERRY M PELLETIER

P

02/21/2010

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

\_\_\_\_\_  
Date