

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90160 047 ****61.25

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DOCUMENT # N23539 1. Entity Name THE LEXINGTON CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD. CORAL SPRINGS, FL 33067			Mailing Address % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD. CORAL SPRINGS, FL 33067		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0027179	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIEGER, IRWIN 7681 LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446				Name James N. Rayer, Attorney at Law Street Address (P.O. Box Number is Not Acceptable) 5301 N. Federal Highway Suite 130 City Boca Raton	
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.				DATE 4-23-07	
SIGNATURE <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, 2007	
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 PT NAME HOROWITZ, SEYMOUR STREET ADDRESS 7681 D. LEXINGTON CLUB BLVD. CITY-ST-ZIP DELRAY BEACH, FL 33466	<input checked="" type="checkbox"/> Delete		TITLE P NAME Zadan, Murray STREET ADDRESS 7840 D Lexington Club Blvd. CITY-ST-ZIP Delray Beach, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME LEVY, BERNARD STREET ADDRESS 7661 D LEXINGTON CLUB BLVD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE T NAME Horowitz, Seymour STREET ADDRESS 7681 D Lexington Club Blvd. CITY-ST-ZIP Delray Beach 33446	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FINKLER, BUD STREET ADDRESS 78840 LEXINGTON CLUB BLVD CITY-ST-ZIP LAKE WORTH, FL 33466	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	
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: SEYMOUR HOROWITZ 4/20/07 561 499 6571 <small>SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					