FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37822 (6)

1. Corporation Name
LEXINGTON ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% M. RICHARD SAPIR 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401	% M. RICHARD SAPIR 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % ROBERT P. FRITTS	26 % Robert P. Fritts
Suite, Apt. #, etc. 22 5702 Lakeworth Rd (#4)	Suite, Apt. #, etc. 27 5702 A Lakeworth Rd (Suite 4) #4
City & State 23 LAKEWORTH, FL	City & State 28 LAKEWORTH, FL
Zip 24 33463 Country 25 USA	Zip 29 33467 Country 30 USA

5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAPIR, M. RICHARD 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401	81 Name: ROBERT P. FRITTS 82 Street Address (P.O. Box Number is Not Acceptable): 5702 LAKE WORTH RD 83 Suite 4 84 City: LAKEWORTH FL 85 Zip Code: 33463

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] ROBERT P. FRITTS
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAUCH, NORMAN	1.2 NAME	DUNKELMANN, Roger W.	
STREET ADDRESS	5695 AUTUMN RIDGE ROAD	1.3 STREET ADDRESS	6161 SERENE RUN	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKEWORTH, FL. 33467	
TITLE	VTD	2.1 TITLE	[redacted] STD	☒ Change ☐ Addition
NAME	RAUCH, MELVIN	2.2 NAME	CLARK, BARBARA	
STREET ADDRESS	5695 AUTUMN RIDGE ROAD	2.3 STREET ADDRESS	6171 SERENE RUN	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKEWORTH, FL. 33467	
TITLE	D	3.1 TITLE	[redacted] VD	☒ Change ☐ Addition
NAME	RAUCH, IDA	3.2 NAME	GREEN, JACK	
STREET ADDRESS	5695 AUTUMN RIDGE ROAD	3.3 STREET ADDRESS	6221 SERENE RUN	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKEWORTH, FL 33467	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger W. Dunkelmann 4-11-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone # 407-433-3555

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