MOUNT DUE O NO COF	NOTICE: CORPORATION WILL BE NOR BEFORE 8/7/96: \$61.25 (IF DISS ONPROFIT RPORATION JAL REPORT	OLVED, MINIMUM AMOUNT  FLORIDA DEF  Sandi  Secr	ER AUGUST 7, 1996. DUE TO REINSTATE: \$23 PARTMENT OF STATE re B. Mortham etary of State of Corporations	06.25.)	
DOCH					
1. Corporatio	MENT # N378	<b>22</b> (6)	,		
LEXII	NGTON ESTATES HOMEOV	VNERS ASSOCIATION	N, INC.	1 <b>160</b> /H <b>0</b> ; <b>830</b> (1341 1 <b>8</b> 00) 16110 16	11 <b>0 1101 11101 1110</b> 1 11101 11101 11101 11101 11101 11101
Principal Place of Business Mailing Address					
C/O ROBERT P. FRITTS C/O R 5702 LAKEWORTH ROAD #4 5702 L		C/O RFRITTS. ROBEI 5702 LAKEWORTH RO	DAD #4		
LAKEWORTH US	FL 33463	LAKEWORTH FL 3346 US	37	3. Date Incorporated or Quatified 04/25/1990	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	04/19/1995 Applied For
Suite, Apt	# etc	26 Suite. Apt. #. etc.		NOT APPLICABLE	Not Applicable
City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	28	T 6	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curren	nt Registered Agent	61 Name	10. Name and Address of New Re	
FRITTS, ROBERT P 5702 LAKEWORTH RO SUITE 4 LAKEWORTH FL 33463				Address (P.O. Box Number is Not Acceptate	98 Zin Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1509. Florida Stat	tutes the shove named	corneration submits this statement for the p	
office or re agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation of the control	of Florida. Such change was ations of, Section 617.0503, \$\infty\$	s authorized by the corp Florida Statutes.	corporation submits this statement for the p poration's board of directors. I hereby accep	t the appointment as registered
12.	Signature, typed or printed name of registered age OFFICERS AN		NOTE Registered Agent signatur	e required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CODE IN 10
TITLE	PD	DELETE	1/ THIS PD	DPRES.	CERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	DUNKELMANN, ROGER W 6161 SERENE RUN		1.2 NAME 1.3 STREET ADDRESS	DAVID GRZECH 60 40 SEREME RUN	37
CITY-ST-ZIP TITLE	Lakeworth FL Std	by nevere	1.4 CLTY - ST - ZIP 2 (TITLED V	LAKE WIRTH FL 3346	
NAME	CLARK, BARBARA	DELETE	2.0 MILE V 7	DV. P. DOMINIC FERRACCIO	Change Addition O
STREET ADDRESS	6171 SERENE RUN		2.3 STREET ADDRESS	6101 SERENE RVN	
CITY-ST-ZIP	LAKEWORTH FL VD	D. J. Dr. CTC	2 4GITY-ST-ZIP	LAKE WARTH PL 3346	
TITLE NAME	GREEN, JACK	DELETE	3 (TIPLE) DT	TREAS. + D	Change Addition
STREET ADDRESS	6021 SERENERUN		33 STREET ADDRESS	6241 SERETE RVN	f
CITY-ST-ZIP	LAKEWORTH FL		34. CITY - ST - ZIP	LAKEDINTH FL 33467	
TITLE NAME		L DELETE	4 (TITLE PS	CORRI SECTI + ()	Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	6040 SYRESE RVN	
CITY-ST-ZIP			4.4 CATY-ST-ZIP	LAKE WATH FL 33467	
TITLE		DELETE	STATILE TO S	REC. SECT. + D	Change Addition
NAME STREET ADORESS			5.2 NAME	6251 SERVE RUN	
CITY+ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	LAKE WORTH PL 33467	İ
TITLE		DELETE	6.1 TITLE	90000192	Change Addition
NAME			6.2 NAME	-08/20/960108	95019
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	ov certify that the information supplied	d with this filing is valuated.	6.4 CITY - ST - ZIP		20.07(0)(1) F

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), Fiorida 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.

G-20-96

W7 - 395-0595

SIGNATURE:

Date Dayline Phone # 6-20-96 407-395-0595

Date Daytime Prone #

SIGNATURE: \_