## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION , ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ....

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

Principal Place of Business

C/O ROBERT P. FRITTS

LAKEWORTH FL 33463

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

5702 LAKEWORTH ROAD #4

N37822

(6)

## LEXINGTON ESTATES HOMEOWNERS ASSOCIATION, INC.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Mailing Address C/O RERITTS. ROBERT. P 5702 LAKEWORTH ROAD #4 LAKEWORTH FL 33467

**APPROVED** 

1996 SEP 19 PH 3 25

SECRETARY OF STATE TALLAHASSEE. FLORIDA



3. Date Incorporated or Qualified

NOT APPLICABLE

04/25/1990

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report

04/19/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

0012894

3	28					8. This corporation has liability for intangible tax under s. 199.032,
Zio	1 COUNTY 1 FP 1			Country		8. This corporation has nability for initial spice to the statutes  Florida Statutes  Yes No
4	25 29 30		30]			10. Name and Address of New Registered Agent
<u> </u>	9. Name and Address of Current	Registered Agent		81	Name	
				"		<u>enn01967758</u>
FRITTS, ROBERT P				82	Street A	ddress (P.O. Box Number is Not 10 98 96 01101 018
\$702 LAKEWORTH RD						#####f1.25 #####61.25
				83		
SUITE 4				84	City	85 Zip Code
LAKEWORTH FL 33463				I I	- •	FL
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.						
SIGNATURE NOTE: Registered Agent eignature required when reinstating)  DATE  NOTE: Registered Agent eignature required when reinstating)  DATE						
s	Ignature, typed or printed name of registered egent or OFFICERS AND	O did with the control of the contro	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	<del>,,,</del>	DINECTOTIO	1.1 T	ITLE		President O Change Addition
TITLE	PD	44	1.2 M	<b>LAME</b>	ĺ	Clark, Barbara (Bobbi)
NAME	DUNKELMANN, ROGER W	INKELMANN, KOGEN W		STREET	ADDRESS	6171 Serene Run
STREET ADDRESS	6161 SERENE RUN				ST - ZIP	Lake Worth, Florida 33467-6559
CITY-ST-ZIP	LAKEWORTH FL	DELETE		TITLE	71 - 27	Vice: President (D) Cla Change & Addition
TITLE	600x President	Постель		NAME	1	Dominick Ferraraccio
NAME	CLARK, BARBARA				t address	6101 Serene Run
STREET ADDRESS	6171 SERENE RUN		1			Lake Worth, Florida 33467-6559
CITY-ST-ZIP	LAKEWORTH FL	E DEL ETE		CHTY- TITLE	ST-ZIP	Recording Secretary D (XChange   Addition
TITLE	VD	DELETÉ		NAME		Green, Jack
NAME	GREEN, JACK		• • •			6021 Serene Run
STREET ADDRESS	6021 SERENERUN		1		T ADDRESS	Lake Worth, Florida 33467-6559
CITY-ST-ZIP	LAKEWORTH FL				-ST-ZIP	Take WOTUTE FLOOR Change Addition
TITLE		DELETE		TITLE	_	Obresponding Secretary)
NAME				NAMI		Gretch, Kimberly
STREET ADDRESS					T ADDRESS	6060 Serene Run
CITY-ST-ZIP					ST-ZIP	Lake Worth, Florida 33467-6559
TITLE		DELETE	1.	TITLE		Treasurer
NAME				NAME		Soto, Phillip
STREET ADDRESS			5.3	STRE	et address	6241 Serene Run
CITY-ST-ZIP					-ST-ZIP	Lake Worth, Florida 33467-6559
TITLE		DELETE	6.1	TITLE		
NAME			6.2	2 NAM	E	
STREET ADORESS	l '		6.3	3 STRE	ET ADORESS	100 M 10 M
1					-ST-ZIP	SCC 9-19-94
6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.6 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.8 CITY-ST-ZIP  6.8 CITY-ST-ZIP  6.9 CI						
14. I do hereby certify that the information supplied with this filling is voluntial annual report is true and accurate and that my signature shall have the same legal affect as it has a						