

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37822** (6)
1. Corporation Name
LEXINGTON ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O ROBERT P. FRITTS 5702 LAKEWORTH ROAD #4 LAKEWORTH FL 33463 US		Mailing Address C/O ROBERT P. FRITTS 5702 LAKEWORTH ROAD #4 LAKEWORTH FL 33463-3269 US	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/25/1990	3a. Date of Last Report 08/20/1996
Suite, Apt. #, etc. 22		4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
City & State 23		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Country 25		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent FRITTS, ROBERT P 5702 LAKEWORTH RD SUITE 4 LAKEWORTH FL 33463		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE PD	☐ Change ☐ Addition
NAME CLARK, BARBARA(BOBBI)		1.2 NAME Soto Phillip	
STREET ADDRESS 6171 SERENE RUN		1.3 STREET ADDRESS 6241 Serene Run	
CITY-ST-ZIP LAKEWORTH FL 33467-6559		1.4 CITY-ST-ZIP LAKE WORTH, FL 33467-6559	
TITLE VPD	☐ DELETE	2.1 TITLE VPD	☐ Change ☐ Addition
NAME FERRARACCIO, DOMINICK		2.2 NAME Kimberly Gretch	
STREET ADDRESS 6101 SERENE RUN		2.3 STREET ADDRESS 6040 Serene Run	
CITY-ST-ZIP LAKEWORTH FL 33467-6559		2.4 CITY-ST-ZIP LAKE WORTH, FL 33467-6559	
TITLE TD	☐ DELETE	3.1 TITLE TD	☐ Change ☐ Addition
NAME SOTO, PHILLIP		3.2 NAME Glenn Campbell	
STREET ADDRESS 6241 SERENE RUN		3.3 STREET ADDRESS 6121 Serene Run	
CITY-ST-ZIP LAKEWORTH FL 33467-6559		3.4 CITY-ST-ZIP LAKE WORTH, FL 33467-6559	
TITLE SD	☐ DELETE	4.1 TITLE SD	☐ Change ☐ Addition
NAME GRETCH, KIMBERLY		4.2 NAME DONNA Quisenberry	
STREET ADDRESS 6040 SERENE RUN		4.3 STREET ADDRESS 6051 Serene Run	
CITY-ST-ZIP LAKEWORTH FL 33467-6559		4.4 CITY-ST-ZIP LAKE WORTH, FL 33467-6559	
TITLE SD	☐ DELETE	5.1 TITLE SD	☐ Change ☐ Addition
NAME GREEN, JACK		5.2 NAME Nancy Safford	
STREET ADDRESS 6021 SERENE RUN		5.3 STREET ADDRESS 6111 Serene Run	
CITY-ST-ZIP LAKEWORTH FL 33467-6559		5.4 CITY-ST-ZIP LAKE WORTH, FL 33467-6559	
TITLE ☐ DELETE		6.1 TITLE 400002200244	☐ Change ☐ Addition
NAME		6.2 NAME -06/03/97--01099--007	
STREET ADDRESS		6.3 STREET ADDRESS ***61.25	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 its 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, or changed, or on an attachment with an address.

SIGNATURE _____