

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45019

FILED  
Mar 06, 2010  
Secretary of State

**Entity Name:** LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
3082 JOG ROAD  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
3082 JOG ROAD  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 65-0287175      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPLAN, LOUIS ESQ  
SACHS & SAX  
6111 BROKEN SOUND PKWY., NW, SUITE 200  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GERVIS, PAULA  
Address: 10321 LEXINGTON LAKES BLVD. SOUTH  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP  
Name: MARMER, ED  
Address: 10080 LEXINGTON CIRCLE NORTH  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T  
Name: BROWN, GRAYSON  
Address: 10033 LEXINGTON CIRCLE NORTH  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S  
Name: HEEGE, MARY  
Address: 10199 LEXINGTON CIRCLE NORTH  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D  
Name: RHODES, DUSTY  
Address: 10225 LEXINGTON LAKES BLVD., NORTH  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D  
Name: KANTOR, MEL  
Address: 10165 LEXINGTON LAKES BLVD., NORTH  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULA GERVIS

P

03/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date