

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004590 (4)

1. Corporation Name

LEXINGTON ESTATES AD HOC CIVIC ASSOCIATION INC.



Principal Place of Business

22286-TUPELO PLACE
BOCA RATON FL 33428

Mailing Address

22286-TUPELO PLACE
BOCA RATON FL 33428

3. Date Incorporated or Qualified
09/26/1995

3a. Date of Last Report
FIRST REBET

2. Principal Place of Business

2a. Mailing Address

21 **22269 RUSHMORE PL**

26 **22269 RUSHMORE PL**

4. FEI Number

22-3400905

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23 **BOCA RATON FL**

28 **BOCA RATON FL**

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 **33428**

25 **PAUM BEACH**

29 **33428**

30 **PAUM BEACH**

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

KAPLAN, MORRIS
22286-TUPELO PLACE
BOCA RATON FL 33428

81 Name

THOMAS GIAMBOI

82 Street Address (P.O. Box Number is Not Acceptable)

22269 RUSHMORE PLACE

83

84 City

BOCA RATON

FL

85 Zip Code

33428

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

Thomas Giamboi

THOMAS GIAMBOI; TREASURER

2-15-96

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 **PRESIDENT** ☐ DELETE
NAME **ROBERT CATAN**
STREET ADDRESS **10141 UMBELLAND PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

1.1 TITLE **DIRECTOR AT LARGE** ☐ Change ☐ Addition
1.2 NAME **SUE BETH ZITNER**
1.3 STREET ADDRESS **10081 UMBELLAND PLACE**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **MORTON TOBIN**
STREET ADDRESS **22291 HOLCOMB PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SECRETARY** ☐ DELETE
NAME **KLENE COURT**
STREET ADDRESS **22198 CRESSMONT PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **THOMAS GIAMBOI** ☐ DELETE
NAME **TREASURER**
STREET ADDRESS **22269 RUSHMORE PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DIRECTOR AT LARGE** ☐ DELETE
NAME **MORRIS KAPLAN**
STREET ADDRESS **22286 TUPELO PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DIRECTOR AT LARGE** ☐ DELETE
NAME **ETTORE PETRONE**
STREET ADDRESS **22266 HOLCOMB PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Thomas Giamboi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS GIAMBOI
TREASURER

Date

2-15-96

Daytime Phone #

407

477-9914

CR2E037 (12/95)