

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761497

Entity Name: LEXINGTON SQUARE ASSOCIATION, INC.**Current Principal Place of Business:**8000 SOUTH US 1, SUITE 402
PT ST LUCIE, FL 34952**Current Mailing Address:**8000 SOUTH US 1, SUITE 402
PT ST LUCIE, FL 34952**FEI Number:** 59-2263402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYNNE, ERIC P
8000 SOUTH US 1
402
PT ST LUCIE, FL 34952 US*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**Officer/Director Detail :**

Title	PD
Name	RODRIGUEZ, STEVEN
Address	8000 SOUTH US 1, STE. 402
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	VP, TD
Name	WYNNE, ERIC P.
Address	8000 SOUTH US 1, SUITE 402
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	SD
Name	MAGELSSSEN, ERIC
Address	8000 SOUTH US 1, SUITE 402
City-State-Zip:	PT ST LUCIE FL 34952

Title	DIRECTOR
Name	JOSEPH, JONES
Address	8000 SOUTH US 1, SUITE 402
City-State-Zip:	PT ST LUCIE FL 34952

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: ERIC P. WYNNE

RA

03/10/2021

Electronic Signature of Signing Officer/Director Detail_____
Date