

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768540

**Entity Name:** LEXINGTON GREEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LANG MANAGEMENT COMPANY  
790 PARK OF COMMERCE BLVD. SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O LANG MANAGEMENT COMPANY  
790 PARK OF COMMERCE BLVD. SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number: 59-2289298**

**Certificate of Status Desired: Yes**

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

CARROLL, KEVIN M  
790 PARK OF COMMERCE BLVD #200  
BOCA RATON, FL 33487 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            PRESIDENT  
Name            MILLER, KAREN  
Address        7F LEXINGTON LANE EAST  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP  
Name            KELLY, SUZANNE  
Address        19D LEXINGTON LANE WEST  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            SECRETARY, TREASURER  
Name            ALEXANDER, MYRA B  
Address        20A LEXINGTON LANE WEST  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            BRUNOLI, PAMELA  
Address        2F LEXINGTON LANE EAST  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            WOJCIESZEK, STEPHEN E  
Address        18A LEXINGTON LANE WEST  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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: MILLER, KAREN**

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date