

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/95: \$186 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:02

DOCUMENT # 756845 (4)
1. Corporation Name
LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
5801 KIMBERTON WAY 5801 KIMBERTON WAY
LAKE WORTH FL 33463 LAKE WORTH FL 33463
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/17/1981** 3a. Date of Last Report **04/22/1984**
4. FBI Number **59-2171079** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**JOHN MCGINNESS
5552 BARNSTEAD CIRCLE
LAKE WORTH 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGINNESS, JOHN
STREET ADDRESS	5552 BARNSTEAD CIRCLE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VP
NAME	CALLANDRA, MIKE
STREET ADDRESS	5654 KIMBERTON WAY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	T
NAME	REDFEARN, FAYE
STREET ADDRESS	5058 AMBLER LANE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	S
NAME	STEINBERG, BARBARA
STREET ADDRESS	5595 KIMBERTON WAY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUECKER, WILLIAM	
2.3 STREET ADDRESS	5492 BARNSTEAD CIRCLE	
2.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALLANDRA, MIKE	
3.3 STREET ADDRESS	5654 KIMBERTON WAY	
3.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(a), 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 appointment with an address.

SIGNATURE: *John McGinness* **6/14/95** 407
694-6771
EXT. 117

CR2E037 (3/95)