

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756845 (4)

1. Corporation Name
LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5801 KIMBERTON WAY LAKE WORTH FL 33463 US	Mailing Address 5801 KIMBERTON WAY LAKE WORTH FL 33463 US
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3. Date Incorporated or Qualified
03/17/1981

4. FEI Number
59-2171079

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GELFAND, MICHAEL J ESQUIRE
GELFAND & ARPE, P.A.; ONE CLEARLAKE CENTRE
250 SOUTH AUSTRALIAN AVE.; SUITE 1010
WEST PALM BEACH FL 33401-5012**

10. Name and Address of New Registered Agent

81 Name	LAWRENCE G. MICELI, ESQ
82 Street Address (P.O. Box Number is Not Acceptable)	737 E. ATLANTIC Blvd
83	
84 City	POMPANO Bch
85 State	FL
86 Zip Code	33060

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 **LAWRENCE G. MICELI, ESQ** *Lawrence G. Miceli* 2-27-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGINNESS, JOHN	
STREET ADDRESS	5552 BARNSTEAD CIRCLE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUECKER, WILLIAM	
STREET ADDRESS	5492 BARNSTEAD CIRCLE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, BARBARA	
STREET ADDRESS	5595 KIMBERTON WAY	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, BARBARA	
STREET ADDRESS	5595 KIMBERTON WAY	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Becker	
1.3 STREET ADDRESS	5801 Kimber ton way	
1.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FORD Diane	
3.3 STREET ADDRESS	5801 Kimber ton way	
3.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KRANTZ, Ruth	
4.3 STREET ADDRESS	5801 Kimber ton way	
4.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John Becker PD* 2-27-98 561-736-3180

CP2E037 (10/97)