

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90070 012 ****61.25

DOCUMENT # 756845

1. Entity Name

LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5801 KIMBERTON WAY
 LAKE WORTH FL 33463
 US

5801 KIMBERTON WAY
 LAKE WORTH FL 33463-6693
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2171079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICELI, LAWRENCE G. E
737 E. ATLANTIC BLVD
~~250 SOUTH AUSTRALIAN AVE., SUITE 1010~~
POMPANO BEACH FL 33060

Name

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

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKER, JOHN	
STREET ADDRESS	5801 KIMBERTON WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUECKER, WILLIAM	
STREET ADDRESS	5801 KIMBERTON WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FORD, DIANE	
STREET ADDRESS	5801 KIMBERTON WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KRONTZ, RUTH	
STREET ADDRESS	5801 KIMBERTON WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MICELI	
STREET ADDRESS	5801 KIMBERTON WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY GEORGE	
STREET ADDRESS	5801 KIMBERTON WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02K

561 736-318

Date

Daytime Phone #

CR2E037 (9/99)