


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90035 002 ****61.25

40097149



DOCUMENT # 756845			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address <i>314 NE 3rd Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Boynton Beach, FL</i>	
Zip		Zip <i>33435</i>	
Country		Country	
4. FEI Number 59-2171079		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

05232006 Chg-NP CR2E037 (4/06)

-6- Name and Address of Current Registered Agent		-7- Name and Address of New Registered Agent	
SCHNER, LARRY 750 S DIXIE HWY BOCA RATON, FL 33432		Name <i>Michael J. Gelfand, Esq.</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1555 Palm Beach Lakes Blvd</i>	
		<i>Suite 1220 c/o GELFOND & ARPE, PA</i>	
		City <i>West Palm Beach</i> FL Zip Code <i>33401</i>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *6/14/06*

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

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUECKER, WILLIAM		NAME	<i>Frederick Flecker</i>	
STREET ADDRESS	5801 KIMBERTON WAY		STREET ADDRESS	5801 Kimberton Way	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, KATHLEEN		NAME	<i>Paola C. Arrue</i>	
STREET ADDRESS	5691 WALTHAM WAY		STREET ADDRESS	5801 Kimberton Way	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILES, EVELYN		NAME	<i>Patrick Fierro</i>	
STREET ADDRESS	5721 STONINGTON WAY		STREET ADDRESS	5801 Kimberton Way	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, BILL		NAME	<i>Pamela Johnson</i>	
STREET ADDRESS	5691 WINGHAM WAY		STREET ADDRESS	5801 Kimberton Way	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VB	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEETWOOD, PAUL		NAME	<i>Glenn Willett</i>	
STREET ADDRESS	5685 KIMBERTON WAY		STREET ADDRESS	5801 Kimberton Way	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEETWOOD, LINDA		NAME		
STREET ADDRESS	5691 KIMBERTON WAY		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Evelyn W. Miles* DATE: *6/5/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn W. Miles