


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 008 ****61.25

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
314 NE 3RD STREET
BOYNTON BEACH, FL 33435 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40047869



03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2171079

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GELFAND, MICHAEL J ESQ
1555 PALM BEACH LAKES BLVD.
STE 1220
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
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 May 1, 2007

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	MILES, EVELYN	5721 STONINGTON WAY	LAKE WORTH, FL 33463	<input checked="" type="checkbox"/>
D	KOCH, BILL	5691 WINGHAM WAY	LAKE WORTH, FL 33463	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRES	JOE STANLEY	5940 Strawberry Lakes Cir	LAKE WORTH FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Nancy anderson	5068 Ambler Ln.	LAKE WORTH FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Patricia James	5371 Pennington Ln	LAKE WORTH, FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Bill Koch	5691 Wingham Way	LAKE WORTH, FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joe Stanley* **3/30/07** **561-738-0061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #