

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09459** (1)

1. Corporation Name

LAKWOOD AT THE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 2180 W. STATE ROAD 434, SUITE 5000, LONGWOOD FL 32779
Mailing Address: 2180 W. STATE ROAD 434, SUITE 5000, LONGWOOD FL 32779

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2563263	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, JAMES W., JR. 2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURIA, PAUL	1.2 NAME	
STREET ADDRESS	823 TOMLINSON TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	B-	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, CHARLIE--	2.2 NAME	KILCOYNE, MARTIN
STREET ADDRESS	626 TOMLINSON TERRACE	2.3 STREET ADDRESS	485 AMETHYST WAY
CITY-ST-ZIP	LAKE MARY FL----	2.4 CITY-ST-ZIP	LAKE MARY FL
TITLE	D-	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORVANTE, IRENE -	3.2 NAME	D VALLEE, JOHN
STREET ADDRESS	478 CIDERMILL PL	3.3 STREET ADDRESS	807 TOMLINSON TER
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	LAKE MARY FL
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ELIZABETH	4.2 NAME	
STREET ADDRESS	439 AMETHYST WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ELAINE -	5.2 NAME	VD STEWART, JEFF
STREET ADDRESS	959 WESTWIND COURT--	5.3 STREET ADDRESS	595 STARSTONE DR
CITY-ST-ZIP	LAKE MARY FL----	5.4 CITY-ST-ZIP	LAKE MARY FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Knight* Elizabeth Knight 2-27-96 3220816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)