

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09459 (1)**

1. Corporation Name  
**LAKWOOD AT THE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779-5044</b>
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3. Date Incorporated or Qualified <b>05/24/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2563263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22. City & State <b>23</b>	27. City & State <b>28</b>
24. Zip <b>25</b> Country	29. Zip <b>30</b> Country

9. Name and Address of Current Registered Agent <b>HART, JAMES W., JR. 2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779</b>				10. Name and Address of New Registered Agent	
<b>61</b> Name					
<b>62</b> Street Address (P.O. Box Number is Not Acceptable)					
<b>63</b>					
<b>64</b> City				<b>FL</b>	<b>65</b> 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	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FURIA, PAUL</b>	1.2 NAME	<b>KILCOYNE, MARTIN</b>
STREET ADDRESS	<b>823 TOMLINSON TER</b>	1.3 STREET ADDRESS	<b>485 AMETHYST WAY</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	1.4 CITY-ST-ZIP	<b>LAKE MARY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILCOYNE, MARTIN</b>	2.2 NAME	<b>VALLEE, JOHN</b>
STREET ADDRESS	<b>485 AMETHYST WAY</b>	2.3 STREET ADDRESS	<b>807 TOMLINSON TER</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	2.4 CITY-ST-ZIP	<b>LAKE MARY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALLEE, JOHN</b>	3.2 NAME	<b>STEWART, JEFF</b>
STREET ADDRESS	<b>807 TOMLINSON TER</b>	3.3 STREET ADDRESS	<b>595 STARSTONE RD</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	3.4 CITY-ST-ZIP	<b>LAKE MARY FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KNIGHT, ELIZABETH</b>	4.2 NAME	<b>SQUITIERI, TONY</b>
STREET ADDRESS	<b>439 AMETHYST WAY</b>	4.3 STREET ADDRESS	<b>830 TOMLINSON TER</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	4.4 CITY-ST-ZIP	<b>LAKE MARY FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, JEFF</b>	5.2 NAME	<b>FURIA, PAUL</b>
STREET ADDRESS	<b>595 STARSTONE DR</b>	5.3 STREET ADDRESS	<b>823 TOMLINSON TER</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	5.4 CITY-ST-ZIP	<b>LAKE MARY FL</b>
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ **JEFF STEWART** **3/14/97** **200-1151**

CR2E037 (9/96)