NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90098 001 ****61.25

DOCUMENT #   N09459

1. Corporation Name
LAKEWOOD AT THE CROSSSINGS HOMEOWNERS ASSOCIATION INC

Principal Place of Business	Mailing Address
2180 W SR 434 STE 5000 LONGWOOD FL 32779	2180 W SR 434 STE 5000 LONGWOOD FL 32779

| 2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 5/24/85	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2563263	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HART,JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME CRAIG,LINDA		1.2 NAME	
STREET ADDRESS 488 HOLBROOK CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL 32746		1.4 CITY-ST-ZIP	
TITLE **TD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME FURIA,PAUL		2.2 NAME	
STREET ADDRESS 823 TOMLINSON TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL 32746		2.4 CITY-ST-ZIP	
TITLE **PD**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME KILCOYNE,MARTIN		3.2 NAME	
STREET ADDRESS 485 AMETHYST WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL32746		3.4. CITY-ST-ZIP	
TITLE **VD**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME SQUITIERI,TONY		4.2 NAME	
STREET ADDRESS 830 TOMLINSON TERR		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL 32746		4.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME VALLEE,JOHN		5.2 NAME	
STREET ADDRESS 807 TOMLINSON TERR		5.3 STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL 32746		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.
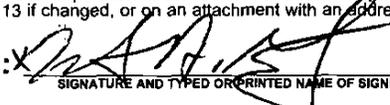
SIGNATURE:X _____   Martin Kilcoyne   3-15-99   321 1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)