

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09459

1. Entity Name

LAKEWOOD AT THE CROSSINGS HOMEOWNERS' ASSOCIATIO

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90007 032 ****61.25

Principal Place of Business

2180 W. SR 434
STE 5000
LONGWOOD FL 32779

Mailing Address

2180 W. SR 434
STE 5000
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2563263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W., JR.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS CRAIG, LINDA
CITY-ST-ZIP 488 HOLBROOK CIR
LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS FURIA, PAUL
CITY-ST-ZIP 823 TOMLINSON TERR
LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME PD
STREET ADDRESS KILCOYNE, MARTIN
CITY-ST-ZIP 485 AMETHYST WAY
LAKE MARY FL 32746

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS GREEN, BOB
CITY-ST-ZIP 412 AMETHYST WY
LAKE MARY, FL. 32746

TITLE ☐ Delete
NAME VD
STREET ADDRESS SQUITIERI, TONY
CITY-ST-ZIP 830 TOMLINSON TER
LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS VALLEE, JOHN
CITY-ST-ZIP 807 TOMLINSON TERR
LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:  ANTHONY SQUITIERI 1/27/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)