

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09459

FILED
Mar 02, 2005
Secretary of State

Entity Name: LAKEWOOD AT THE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2563263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALLEE, JOHN
Address: 807 TOMLINSON TERR
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: BERRY, CLINT
Address: 726 HOLBROOK CIR
City-St-Zip: LAKE MARY, FL 32746

Title: STD () Delete
Name: RADENHAUSEN, DREW
Address: 404 N SUNDANCE DR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: DONNELLY, JOHN
Address: 822 TOMLINSON TERR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: BENED, TOM
Address: 605 TOMLINSON TERR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENED, TOM
Address: 605 TOMLINSON TERR
City-St-Zip: LAKE MARY, FL 32746

Title: VPD (X) Change () Addition
Name: DONNELLY, JOHN
Address: 822 TOMLINSON TER
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ORCINO, MICHAEL
Address: 408 N SUNDANCE DR
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: BLACKLOCK, DAVID
Address: 862 TOMLINSON TERR
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM BENED

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date