# N09459

(Req	uestor's Name)		
(Add	ress)		
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(Add	(Address)		
(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
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Amend



## Donnelly & Associates

Internal Medicine = Geriatrics = General Surgery = Family Practice = Nursing Home Issues

November 30, 2005

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32399

Re: Change of Registered Agent and Change of Board of Directors

Dear Ms/Sir:

Please find attached Amendments to Lakewood at the Crossings Homeowners Association Inc. We have three new Board of Directors and a change in the registered agent.

We would appreciate an expedited certified copy of the Corporation and a list of Board of Directors so we may go and open checking accounts for our large HOA.

Thank you for your assistance. If there is anything else we need to do please let me know.

John P. Donnelly PA-C

Vice President

Lakewood at the Crossings Homeowners Association

Board Certified

In Adviduories

resident

Services

Change, Arger

and Sugary

P.O. Box 953008, Lake Mary, FL 32795-3008 Phone: 407/688-8123

Fax: 407/688-8144
Toll Free 1-877/896-0610

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Lakeumd at	The Crossings Homeownerr Asso
DOCUMENT NUMBER: NO945	59
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Leanne Benjamin (Name of Contact	t Person) Resistered Agent
(Firm/ Com	pany)
3070 W. Lake Mary Address	Blud, Suite 116
Lake Mory, Florida (City/ State and 2)	32746 Zip Code)
For further information concerning this matter, plea	se call:
John P. Donnelly (Name of Contact Person)	at (407) 688-8123 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Co	3.75 Filing Fee & \$\frac{1}{2}\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32399

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Lakewood of the Crossings Homeowner</u> Association The.
DOCUMENT NUMBER: $M09459$
The enclosed Articles of Amendment and fee are submitted for filing. $FEI - 5925632$
Please return all correspondence concerning this matter to the following:
Tom Bened (Name of Contact Person)
(Firm/ Company)
605 Tomlinson Terrace (Address)
Loke Mary, Florida 32746 (City/ State and Zip Code)
For further information concerning this matter, please call:
Jehn Donnelly at (407) 688 8123 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee  \$\begin{array}{c} \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) & Certified Copy is enclosed) & Certified Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

### **Articles of Amendment** to Articles of Incorporation of

La	(Name of corporation as currently filed with the Florida Dept. of State)	Inc.
	N 0 9 4 5 9 FE 1 5 9 2 5 6 3 2 6 3 (Document number of corporation (if known)	2
Pursu <b>Corp</b> e	nant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> oration adopts the following amendment(s) to its Articles of Incorporation:	
<u>NEW</u>	CORPORATE NAME (if changing):	
•	contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in inge; "Company" or "Co." may not be used in the name of a not for profit corporation)	ري ا
	ENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article ber(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
) ArTic	le V - Directory - Officera:	_
Bena	d. Tom - PresidenT	
605	Tomlinson Finace, Lake Mary F1. 32746	-
	pelly, John - Vice President	-
827	2 Tomlinson Terrace, Lolle Mary, F1 32746	-
Ben	ionin. Leanne - Secretary	Neu
822	Jamin, Leanne - Secretory Tomlinson Terroce, Lake Many, PL 32746	( , , _ , ,
Wi	cks, Lloyd - Treosurer	-
	H Tomlinson Terrace, Lake Many Plorida 32746	(1
•	ebee, Peter- Director	_
	7 Cidermill Place, Lake Mary, Florida 32746	(Ne
Acticle	II. Resistered ArenT-	
<u>le</u>	Canne Benjamin, 3070 W. Lake Mary Blud, So (Attach additional pages if necessary)	vite
	(Attach additional pages if necessary) (continued)  (Attach additional pages if necessary)	217
2a. I	(Attach additional pages if necessary)  (continued) Lake Mary Florida  acknowledge the duties of registered Agens —	
	mul Amilia	

The date of adoption of the amendment(s) was: 11-14-05
Effective date if applicable: 11-14-05 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)  The apprenticulation was (were) adopted by the members and the number of votes cast
for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature  (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
John P. Donnelly (Typed or printed name of person signing)
Vice President (Title of person signing)

FILING FEE: \$35