

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09459

FILED
Mar 20, 2006
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:

3070 WEST LAKE MARY BOULEVARD
STE 116
LAKE MARY, FL 32746

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

3070 WEST LAKE MARY BOULEVARD
STE 116
LAKE MARY, FL 32746

FEI Number: 59-2563263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, LEANNE
3070 W. LAKE MARY
SUITE 116
LAKE MARY, FL 32746 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: P () Delete
Name: BENED, TOM
Address: 605 TOMLINSON TERR
City-St-Zip: LAKE MARY, FL 32746

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

Title: S () Delete
Name: BENJAMIN, LEANNE
Address: 822 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Delete
Name: WICKS, LLOYD
Address: 664 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: BEEBEE, PETER
Address: 467CIDERMILL PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S-T (X) Change () Addition
Name: BENJAMIN, LEANNE
Address: 822 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN P. DONNELLY

VP

03/20/2006

Electronic Signature of Signing Officer or Director

Date