

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09459

FILED
Feb 10, 2009
Secretary of State

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

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 32719

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:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: D () Delete
Name: DRUM, MICHAEL
Address: 657 STAR STONE DR
City-St-Zip: LAKE MARY, FL 32746

Title: P () 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: VP () Delete
Name: MACIOSZEK, PENNY
Address: 403 S. WINSOME CT.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: ACEVEDO, JENNIFER
Address: 818 TOMLINSON TER
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: T (X) Change () Addition
Name: ACEVEDO, JENNIFER
Address: 818 TOMLINSON TER
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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 DONNELLY

P

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date