


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90219 013 ****61.25

DOCUMENT # N09459
1. Entity Name
LAKWOOD AT THE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 W. SR 434 2180 W. SR 434
STE 5000 STE 5000
LONGWOOD FL 32779 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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAIG, LINDA	
STREET ADDRESS	488 HOLBROOK CIR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FURIA, PAUL	
STREET ADDRESS	823 TOMLINSON TERR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNNELLY, JOHN	
STREET ADDRESS	830 TOMLINSON TER	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VALLEE, JOHN	
STREET ADDRESS	807 TOMLINSON TERR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, CLINT	
STREET ADDRESS	726 HOLBROOK CIR.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X SIGNATURE REQUIRED* **John Vallee 3-10-03**

CR2E037 (10/02)