

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756845

**FILED**  
**Feb 20, 2013**  
**Secretary of State**  
**CC7973923044**

**Entity Name:** LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5801 KIMBERTON WAY  
LAKE WORTH, FL 33463

**Current Mailing Address:**

5801 KIMBERTON WAY  
LAKE WORTH, FL 33463 US

**FEI Number:** 59-2171079

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER, JOHN  
3540 FOREST HILL BLVD  
WEST PALM BEACH, FL 33454 US

*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

**Officer/Director Detail :**

Title DP  
Name BECKER, JOHN  
Address 5801 KIMBERTON WAY  
City-State-Zip: LAKE WORTH FL 33463

Title DST  
Name STANLEY, BRYAN  
Address 5801 KIMBERTON WAY  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name WILLET, GLEN  
Address 5801 KIMBERTON WAY  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name LOZIER, FRANK  
Address 5801 KIMBERTON WAY  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name FRANTZ, DOUG  
Address 5801 KIMBERTON WAY  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name FRANTZ, CARRIDAD  
Address 5801 KIMBERTON WAY  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name STANLEY, PHYLLIS  
Address 5801 KIMBERTON WAY  
City-State-Zip: LAKE WORTH FL 33463

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN BECKER

**PRESIDENT**

**02/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date