

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09459

**FILED**  
**Jun 24, 2020**  
**Secretary of State**  
**4231566816CC**

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

**Current Principal Place of Business:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750

**Current Mailing Address:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 US

**FEI Number:** 59-2563263

**Certificate of Status Desired:** No

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

BONO AND ASSOCIATES, LLC  
640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 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:** MICHAEL L BONO

06/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CHAMBERLAIN, TARA  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name MACIOSZEK, PENNY  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title SD  
Name BENJAMIN, LEANNE  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title TD  
Name MACIOSZEK, TOM  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name STABLER, JOHN  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

*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:** PENNY MACIOSZEK

PRESIDENT

06/24/2020

Electronic Signature of Signing Officer/Director Detail

Date