

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09459

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC3492250668**

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

**Current Principal Place of Business:**

761 CIARA CREEK COVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

761 CIARA CREEK COVE  
LONGWOOD, FL 32750 US

**FEI Number:** 59-2563263

**Certificate of Status Desired:** No

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

BONO AND ASSOCIATES, LLC  
761 CIARA CREEK COVE  
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

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CHAMBERLAIN, TARA  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name MACIOSZEK, PENNY  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title SD  
Name BENJAMIN, LEANNE  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title TD  
Name MACIOSZEK, TOM  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name STABLER, JOHN  
Address 761 CIARA CREEK COVE  
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

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date