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.

PRESIDENT

SIGNATURE: PENNY MACIOSZEK

City-State-Zip: LONGWOOD FL 32750

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MICHAEL L BONO

Electronic Signature of Registered Agent

. .. ~ ~ ~ -/**D** ·

Officer/Director Detail :								
Title	VP		Title	PRESIDENT				
Name	CHAMBERLAIN, TARA		Name	MACIOSZEK, PENNY				
Address	640 E. STATE ROAD 434	SUITE 3000	Address	640 E. STATE ROAD 434	SUITE 3000			
City-State-Zip:	LONGWOOD FL 32750		City-State-Zip:	LONGWOOD FL 32750				
Title	SD		Title	TD				
Name	BENJAMIN, LEANNE		Name	MACIOSZEK, TOM				
Address	640 E. STATE ROAD 434	SUITE 3000	Address	640 E. STATE ROAD 434	SUITE 3000			
City-State-Zip:	LONGWOOD FL 32750		City-State-Zip:	LONGWOOD FL 32750				
Title	D							
Name	STABLER, JOHN							
Address	640 E. STATE ROAD 434	SUITE 3000						

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.

Name and Address of Current Registered Agent:

FEI Number: 59-2563263

640 E. STATE ROAD 434 SUITE 3000

LONGWOOD, FL 32750

DOCUMENT# N09459

ASSOCIATION, INC.

Current Mailing Address:

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

Current Principal Place of Business:

BONO AND ASSOCIATES, LLC 640 E. STATE ROAD 434 SUITE 3000

LONGWOOD, FL 32750 US

Entity Name: LAKEWOOD AT THE CROSSINGS HOMEOWNERS'

FILED Apr 22, 2019 Secretary of State 1416447042CC

04/22/2019

Date

Certificate of Status Desired: No

Date

04/22/2019