

756845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

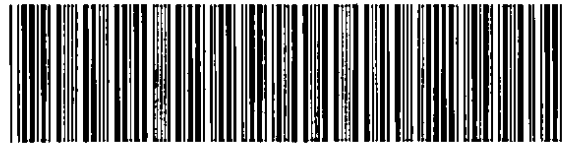
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE  
2020 MAR -9 PM 2:00

QM  
3/20/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 756845

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Torres

Name of Contact Person

LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC.

Firm/Company

5801 Kimberton Way

Address

Lake Worth Florida 33463

City/State and Zip Code

Leescrossinghoa2019@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Torres

at (561) 200-9409

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 5801 Kimberton Way Lake Worth Florida 33463
3. The mailing address (if different): 5801 Kimberton Way Lake Worth Florida 33463
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BECKER, JOHN

3540 FOREST HILL BLVD WEST PALM BEACH, FL 33454

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Torres, Javier

5801 Kimberton Way Lake Worth Florida 33463

P.O. Box NOT acceptable

2020 MAR - 9 PM 2:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

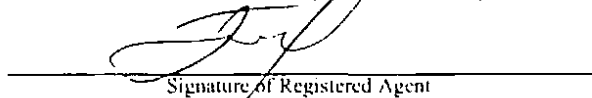
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Barbara Ausanio Treasurer/Secretary

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

3/3/2020

Date

If signing on behalf of an entity:

Javier Torres

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)