2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# N05000010912

Entity Name: CROSSROADS AT LAKE REGION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4658 TEMPLETON ROAD
LAKE WALES, FL 33898

New Principal Place of Business:

6039 CYPRESS GARDENS BLVD.
#308
WINTER HAVEN, FL 33884

Current Mailing Address:

4658 TEMPLETON ROAD
LAKE WALES, FL 33898

New Mailing Address:

6039 CYPRESS GARDENS BLVD.
#308
WINTER HAVEN, FL 33884

FEI Number: 20-4582280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR.
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

COCO, ANNA
6039 CYPRESS GARDENS BLVD.
#308
WINTER HAVEN, FL 33884 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: ANNA COCO 07/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: COLEE, PAUL
Address: 917 LAKE HOLLINGSWORTH DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D/VP ( ) Delete
Name: TEMPLETON, BRUCE
Address: 4658 TEMPLETON ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: DST ( ) Delete
Name: COCO, ANNA
Address: 4658 TEMPLETON ROAD
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNA COCO DST 07/15/2009
Electronic Signature of Signing Officer or Director Date