

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010912

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-4582280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** D/V/P  
**Name:** TEMPLETON, BRUCE  
**Address:** 4658 TEMPLETON ROAD  
**City-St-Zip:** LAKE WALES, FL 33898

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

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:** ANNA COCO

DST

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date