

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001464

FILED
Jan 23, 2009
Secretary of State

Entity Name: LEE'S CROSSING-DELRAY BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 NE SPANISH RIVER BLVD.
STE 18
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

500 NE SPANISH RIVER BLVD.
SUITE #18
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0742261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, ERNEST
500 NE SPANISH RIVER BLVD #18
BOCA RATON, FL 33431 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: STD () Delete
Name: WEISBERG, PETER
Address: 107 E. LEE ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VSD () Delete
Name: ROBBINS, KENNETH
Address: 121 E LEE RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: WOLFE, DAVID
Address: 135 W. LEE ROAD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOLFE, DAVID
Address: 135 WEST LEE ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD (X) Change () Addition
Name: ROBBINS, KENNETH
Address: 121 E LEE RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: TSD (X) Change () Addition
Name: LEVINE, FRED
Address: 116 WEST LEE ROAD
City-St-Zip: DELRAY BEACH, FL 33445

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: DAVID WOLFE

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date