FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

766483

(2)

LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address			
24700 HWY 60 E P O BOX 30026 RIVER RANCH FL 33867		24700 HWY 60 E P O BOX 30026 RIVER RANCH FL 33867-0026		,	,
NOTE HAROTT	1,5000	THE HANDITE WOOT GOE	•	3. Date Incorporated or Qualified 01/11/1983	3a. Date of Last Report 03/14/1996
2. Principal P	lace of Business	2a. Mailing Address 26	·	4. FEI Number 59-2591004	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25] 9. Name and Address of Currer		30	Florida Statutes 10. Name and Address of New Reg	Yes No
			81 Name		Justina rigorii
GALLOWAY, ALBERT C JR (address char			LGE 1821 Street Add	ERT C GALLOWAY JR dress (P.O. Box Number is Not Acceptable E. PARK AVENUE	(e)
	IN AVE. ALES FL 33853	only)	63	E. PARK AVENUE	
			84 City		85 Zip Code
			LAKE	WALES	FL 33859
11. Pursuant to office or reasons. Lai	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flor	s, the above-named co thorized by the corpora ida Statutes.	rporation submits this statement for the pration's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SICHATURE					
12.	Signature, typod or printed name of registered age OFFICERS AN		Registered Agent signature req		DATE
TITLE	D OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	HODGE, WILLIAM		1.2 NAME		Change CT vorigon
STREET ADDRESS	ROAN RD. LOT #92		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER RANCH FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CIMINO, HELEN		2.2 NAME	•	4
STREET ADDRESS	ROAN RD. LOT #86		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER RANCH FL		2.4 CITY+ST+ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		Change Addition
NAME	SPANGLER, BOYD		3.2 NAME		
STREET ADDRESS	PALOMINO PATH, LOT 41		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER RANCH FL		3.4. CITY - ST - ZIP	<u> </u>	
TITLE	SD	☐ DELETE	4.1 TITLE		Change Addition
NAME	FRANCISCO, LOUISE		4. 2 NAME		
STREET ADDRESS	ROAN RD. LOT #87		4.3 STREET ADDRESS	•	
CITY-ST-ZIP	RIVER RANCH FL	DELETE	4.4 CITY - ST - ZIP		D Observe D Date Observe
TITLE NAME	d Kebert, gene	TTI DETEIL	5.1 TITLE		Change Addition
STREET ADDRESS	LONG HAMMOCJK DR-LOT	1101	5.2 NAME		
CHY-ST-ZIP	RIVER RANCH FL	101	5.3 SYREET ADDRESS		
TITLE	MACK TONION I C	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		broad PP-NP-18	6.2 NAME		First Alexander
STREET ADDRESS			6.3 STREET ADDRESS	•	
CiTY-ST-ZIP			6.4 CITY-ST-ZIP		
14. Ldo bereb	y certify that the information supplied	with this filing does not qualify	for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certify that the
i am an of	n indicated on this annual report or s ficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empower	red to execute this repo	at my signature shall have the same legal ort as required by Chapter 617, Florida St	effect as if made under oath; that atutes; and that my name

SIGNATURE: Soldies 1

WILLIAM CHARLES OF SIGNING OFFICER OF PRECIOR

3/1/97

941-692-1039

FILED

Mar 04 1997 8:00am

Secretary of State