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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766483

1. Corporation Name

LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

24700 HWY 60 E
 P O BOX 30026
 RIVER RANCH FL 33867

Mailing Address

C/O BARBARA H. SMITH. CPA
 P.O. BOX 985
 FROSTPROOF FL 33843
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

01/11/1983

4. FEI Number

59-2591004

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GALLOWAY, ALBERT C JR
 225 E PARK AVENUE
 LAKE WALES FL 33859

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, WALTER	
STREET ADDRESS	EAST APPALOOSA TRAIL, LOT #117	
CITY-ST-ZIP	RIVER RANCH FL 33867	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	CIMINO, HELEN	
STREET ADDRESS	ROAN RD. LOT #86	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUNAWAY, PAUL	
STREET ADDRESS	LONG HAMMOCK DRIVE LOT #11	
CITY-ST-ZIP	RIVER RANCH FL 33867	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRANCISCO, LOUISE	
STREET ADDRESS	ROAN RD. LOT #87	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, WALTER NELSON	
STREET ADDRESS	ROAD RD. LOT #73	
CITY-ST-ZIP	RIVER RANCH FL 33867	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Leigh	
1.3 STREET ADDRESS	Long Hammock Drive, Lot 14	
1.4 CITY-ST-ZIP	River Ranch, FL 33867	
2.1 TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boyd Spangler	
2.3 STREET ADDRESS	Palimino Path, Lot 41	
2.4 CITY-ST-ZIP	River Ranch, FL 33867	
3.1 TITLE	D T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hal Piche	
3.3 STREET ADDRESS	Palimino Path, Lot 45	
3.4 CITY-ST-ZIP	River Ranch, FL 33867	
4.1 TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marcia Barbachym	
4.3 STREET ADDRESS	Roan Road, Lot 90	
4.4 CITY-ST-ZIP	River Ranch, FL 33867	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vern Miller	
5.3 STREET ADDRESS	Roan Road, Lot 80	
5.4 CITY-ST-ZIP	River Ranch, FL 33867	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcia Barbachym* Marcia Barbachym Secretary 04/27/99 941-692-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)