

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766483

1. Entity Name

LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90069 035 \*\*\*\*61.25

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 33843-0985 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2591004</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>LEIGH, PAUL</b> <b>LONG HAMMOCK DRIVE, LOT 14</b> <b>RIVER RANCH FL 33867</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SPANGLER, BOYD</b> <b>PALIMINO PATH, LOT 21</b> <b>RIVER RANCH FL 33867</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>PICHE, HAL</b> <b>PALIMINO PATH, LOT 45</b> <b>RIVER RANCH FL 33867</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BARBACHYM, MARCIA</b> <b>ROAN ROAD, LOT 90</b> <b>RIVER RANCH FL 33867</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, VERN</b> <b>ROAN ROAD, LOT 80</b> <b>RIVER RANCH FL 33867</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>FRANKLIN, MARJORIE</b> <b>PALIMINO PATH, LOT 67</b> <b>RIVER RANCH, FL 33867</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOVIELLO, NICK</b> <b>WEST APALOOSA TRAIL, LOT 38</b> <b>RIVER RANCH, FL 33867</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>MORRIS, JOHN L</b> <b>WEST APALOOSA TRAIL, LOT 34</b> <b>RIVER RANCH, FL 33867</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REINHOLD F. PICHE 4-4-00 863-692-9158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)