

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0066583

03-26-2001 90035 010 ****61.25

DOCUMENT # 766483

1. Entity Name

LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2591004

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP						
	LEIGH, PAUL	LONG HAMMOCK DRIVE, LOT 14	RIVER RANCH FL 33867				
	DS						
	FRANKLIN, MARJORIE	PALIMINO PATH, LOT 41	RIVER RANCH FL 33867				
	DT						
	PICHE, HAL	PALIMINO PATH, LOT 45	RIVER RANCH FL 33867				
	D						
	NOVIELLO, NICK	WEST APALOOSA TRAIL LOT 38	RIVER RANCH FL 33867				
	DVP						
	MORRIS, JOHN L	WEST APALOOSA TRAIL LOT 34	RIVER RANCH FL 33867				

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:

Signature Required HAROLD E. PICHE 3-20-01 863
 Date Daytime Phone #

CR2E037 (10/00)