

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766483

FILED
May 01, 2009
Secretary of State

Entity Name: LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3200 RIVER RANCH BLVD
RIVER RANCH, FL 33867

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2591004 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, BARBARA H CPA
124 MAXCY LANE
FROSTPROOF, FL 33843 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: DT () Delete
Name: KANITZ, NORMA J
Address: 93 ROAN ROAD
City-St-Zip: RIVER RANCH, FL 33867

Title: DS () Delete
Name: MORRIS, MARY R
Address: 34 W APPALOOSA TRL
City-St-Zip: RIVER RANCH, FL 33867

Title: DP () Delete
Name: FLAGG, JACK
Address: 109 E APPALOOSA TRAIL
City-St-Zip: RIVER RANCH, FL 33867

Title: DVP () Delete
Name: SUZ, ROGERS
Address: 71 ROAN RD
City-St-Zip: RIVER RANCH, FL 33467

Title: D () Delete
Name: FEITHAM, EVERETT D
Address: 90 ROAN RD
City-St-Zip: RIVER RANCH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: ROGERS, SUSAN D
Address: 68 PALAMINO PATH
City-St-Zip: RIVER RANCH, FL 33467

Title: D (X) Change () Addition
Name: FELTHAM, EVERETT D
Address: 90 ROAN RD
City-St-Zip: RIVER RANCH, FL 33467

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: MARY RITA MORRIS

Electronic Signature of Signing Officer or Director

SEC

05/01/2009

Date