

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767294

1. Corporation Name
Longwood of Ft. Pierce Homeowners Association I NC

Principal Place of Business Mailing Address
1505 Nebraska Ave. 1505 Nebraska Ave.
Ft. Pierce, FL 34950 Ft. Pierce, FL 34950

3. Date Incorporated or Qualified 3a. Date of Last Report
03/03/1983 04/1994

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
59-1759797 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jane L. Cornett, Esq.
Wackeen, Cornett & Gooze, P.A.
401 Osceola St., P.O. Box 66
Stuart, FL 34995

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	P/D	<input checked="" type="checkbox"/> DELETE
NAME	Dorothy Wilson, President	
STREET ADDRESS	1551-B Pheasant Walk	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	Robert Lilly	
STREET ADDRESS	1635-A Laurel Leaf Lane	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	Robert A. Morgan	
STREET ADDRESS	1437-B Captain's Walk	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	Eleanor Skidmore	
STREET ADDRESS	1431-D Captain's Walk	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Sally Jorgensen	
STREET ADDRESS	1703-B Mariner's Cove	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Robert B. Slagle, President, Director	
13 STREET ADDRESS	1545-B Pheasant Walk	
14 CITY-ST-ZIP	Ft. Pierce, FL 34950	
21 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Alice Hunter, Vice President/Director	
23 STREET ADDRESS	1627 B Laurel Leaf Lane	
24 CITY-ST-ZIP	Fort Pierce, FL 34950	
31 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	William Grissom, Treasurer/Director	
33 STREET ADDRESS	1311-A Peppertree Trail	
34 CITY-ST-ZIP	Fort Pierce, FL 34950	
41 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Phyllis Center, Secretary, Director	
43 STREET ADDRESS	1611-A Laurel Leaf Lane	
44 CITY-ST-ZIP	Fort Pierce, FL 34950	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Dorothy M. Wilson	
53 STREET ADDRESS	1551-B Pheasant Walk	
54 CITY-ST-ZIP	Ft. Pierce, FL 34950	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert B. Slagle* # 130/96 (407)465-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)