

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 767294 (2)
 1. Corporation Name
LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business 1505 NEBRASKA AVE. FT. PIERCE FL 34950	Mailing Address 1505 NEBRASKA AVE. FT. PIERCE FL 34950
--	--

3. Date Incorporated or Qualified 03/03/1983	
4. FEI Number 59-2759797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

CORNETT, JANE L. ESQ.
WACKEEN, CORNETT & GOOGE, P.A.
401 OSCEOLA ST. P.O. BOX 66
STUART FL 34995

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLAGLE, ROBERT B.	
STREET ADDRESS	1545-B PHEASANT WALK	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUNTER, ALICE	
STREET ADDRESS	1627-B LAUREL LEAF LANE	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	GRISSOM, WILLIAM	
STREET ADDRESS	1311-A PEPPERTREE TRAIL	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	CENTER, PHYLLIS	
STREET ADDRESS	1611-A LAUREL LEAF LANE	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, DOROTHY M.	
STREET ADDRESS	1551-B PHEASANT WALK	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D PHELAN, REGINA
4.3 STREET ADDRESS	1531 D Pheasant walk
4.4 CITY-ST-ZIP	FT PIERCE FL 34950
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D QUINONES, ALBERTO
5.3 STREET ADDRESS	1429 B Captains walk
5.4 CITY-ST-ZIP	FT PIERCE FL 34950
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 in an attachment with an address.

SIGNATURE: Robert B. Slagle SIGNATURE: ROBERT B. SLAGLE 2-1-98 561466-5897

CR2E037 (10/97)