

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90183 031 ****61.25

DOCUMENT # 767294

1. Entity Name

LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

**1505 NEBRASKA AVE.
 FT. PIERCE FL 34950**

**1505 NEBRASKA AVE.
 FT. PIERCE FL 34950**

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

59-2759797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **PD** ☐ Delete
 NAME **TURNER, HAROLD**
 STREET ADDRESS **1525 B PHEASANT WALK**
 CITY-ST-ZIP **FT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **YODER, LARRY**
 STREET ADDRESS **1335 C. PEPPERTREE TRL**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☒ Change ☐ Addition
 NAME **D ENNS, EDWARD G.**
 STREET ADDRESS **1725 A Mariners Cove**
 CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE **D** ☐ Delete
 NAME **LENTZ, SCOTT**
 STREET ADDRESS **1555 B PHEASANT WALK**
 CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **JIACOPPO, YVONNE**
 STREET ADDRESS **1443 B. CAPTAINS WALK**
 CITY-ST-ZIP **FT PIERCE FL 34950**

TITLE ☒ Change ☐ Addition
 NAME **SD OVERCASH, TRULA**
 STREET ADDRESS **1449 B Captains Walk**
 CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE **VPD** ☐ Delete
 NAME **HART, JAMES**
 STREET ADDRESS **1639 B LAUREL LEAF LN**
 CITY-ST-ZIP **FT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

W. Harold Turner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. HAROLD TURNER, PRES 561 465-6075

Date

Daytime Phone #

CR2E037 (10/00)