2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # 767294** 1. Entity Name 04-29-2004 90303 037 ****61.25 LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, INC. 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. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2759797 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ورب مصرف ب CORNETT, JANE L. ESQ. Street Address (P.O. Box Number is Not Acceptable) WACKEEN, CORNETT & GOOGE, P.A. 401 OSCEOLA ST. P.O. BOX 66 STUART FL 34995 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete Change ☐ Addition TITLE TITLE TURNER, HAROLD NAME NAME 1525 B PHEASANT WALK STREET ADDRESS STREET ADDRESS FT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCOTT, LENTZ NAME NAME 1555B PHEASANT WK STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP Delete 🔀 Addition TITLE JACK MESAGNO HAMILTON, MAC NAME NAME 1477-B CAPTAINS WALK STREET ADDRESS STREET ADDRESS FT. PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ★ Addition Delete TITLE SACHER, ROSE NAME NAME 1713-D MARINERS COVE STREET ADDRESS STREET ADDRESS FT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP 50 **VPD** Delete ☐ Addition TITLE TITLE Change HART, JAMES NAME NAME 1639 B LAUREL LEAF LN STREET ADDRESS STREET ADDRESS FT PIERCE FL 34950 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with an address, with all other like empowered.

INTED NAME OF SIGNING OF

FILED