


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90004 021 \*\*\*\*61.25

**DOCUMENT # 767294**

1. Entity Name  
**LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

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

**50063612**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

07222005    Chg-NP      CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

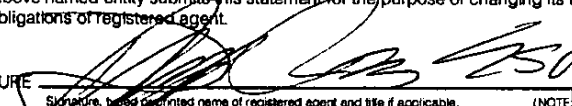
Name: **DEBORAH ROSS, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable):  
**ROSS EARLE & BONAN, PA**

**759 S FEDERAL HWY, SUITE 212**

City: **STUART**      FL      Zip Code: **34994**

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: **8/23/05**

Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

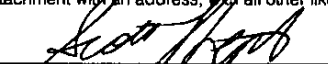
9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, HAROLD 1525 B PHEASANT WALK FT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, LENTZ 1555B PHEASANT WK FORT PIERCE, FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESAGNO, JACK 1539 D. PHEASANT WAY FT. PIERCE, FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILBUR, BERNICE 1605 A LAUREL LEAF FT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HART, JAMES 1639 B LAUREL LEAF LN FT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lentz, Scott 1505 Nebraska Ave Ft. Pierce, FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mesagno, Jack 1505 Nebraska Ave Ft. Pierce, FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McGee, Elmer 1505 Nebraska Ave Ft. Pierce, FL 34950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Orend, Sharon 1505 Nebraska Ave Ft. Pierce, FL 34950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sadzeck, Les 1505 Nebraska Ave Ft. Pierce, FL 34950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE 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:       **SCOTT LENTZ**      Date: **8-17-05**      Daytime Phone #: **772-465-6075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR