

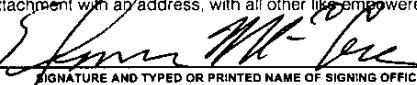


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 013 ****61.25

DOCUMENT # 767294							
1. Entity Name LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 1505 NEBRASKA AVE. FT. PIERCE, FL 34950			Mailing Address 1505 NEBRASKA AVE. FT. PIERCE, FL 34950				
2. Principal Place of Business		3. Mailing Address		 04052006 Chg-NP CR2E037 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2759797			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROSS, DEBORAH ESQ ROSS EARLE + BONAN, P.A. 759 S FEDERAL HWY, SUITE 212 STUART, FL 34994			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LENTZ, SCOTT		NAME	LENTZ, SCOTT			
STREET ADDRESS	1505 NEBRASKA AVE		STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MESAGNO, JACK		NAME	Deven, Earl			
STREET ADDRESS	1505 NEBRASKA AVE		STREET ADDRESS	1505 Nebraska Ave			
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP	Ft. Pierce, FL 34950			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MESAGNO, JACK		NAME	Sacher, Rose			
STREET ADDRESS	1539 D. PHEASANT WAY		STREET ADDRESS	1505 Nebraska Ave			
CITY-ST-ZIP	FT. PIERCE, FL 34950		CITY-ST-ZIP	Ft. Pierce, FL 34950			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGEE, ELMER		NAME	mCgee, Elmer			
STREET ADDRESS	1505 NEBRASKA AVE		STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OREND, SHARON		NAME				
STREET ADDRESS	1505 NEBRASKA AVE		STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SADZECK, LES		NAME				
STREET ADDRESS	1505 NEBRASKA AVE		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/6/06		772-465-6075			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			