2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #767294

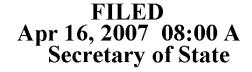
1. Entity Name

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





04112007 No Chg-NP

CR2E037 (4/06)

| 4. | FEI Number | | | Applied For | |
|----|-------------------------------|-------|-----------------|----------------|--|
| | 59-2759797 | | | Not Applicable | |
| ξ. | Cortificate of Status Desired | \$8.7 | 8.75 Additional | | |

6. Name and Address of Current Registered Agent

ROSS, DEBORAH ESQ ROSS EARLE + BONAN, P.A. 759 S FEDERAL HWY, SUITE 212 STUART, FL 34994 DO NOT WRITE

| STUART, FL 34994 | | | IN THIS SPACE | | | | |
|--|---|--|-------------------|--------------------------------|---|---------------|--|
| | named entity submits this statement for the ions of registered agent. | purpose of changing its registere | ad office or re | gistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | : | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | e il applicable (NOTE: Registere | d Agent signature | required when reinstating) | DATE | | |
| | Filing Fee is \$61,25 Due by May 1, 2007 | Election Campaign Finar Trust Fund Contribution. | ncing L | \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | in 1, | En sign and the same of the same | 7 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LENTZ, SCOTT 1505 NEBRASKA AVE FT PIERCE, FL 34950 | | | | | 6 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DEVER, EARL 1505 NEBRASKA AVE FORT PIERCE, FL 34950 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SACHER, ROSE 1505 NEBRASKA AVE FORT PIERCE, FL 34950 | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCGEE, ELMER 1505 NEBRASKA AVE FT PIERCE, FL 34950 | | | in Strike end | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD OREND, SHARON 1505 NEBRASKA AVE FT PIERCE, FL 34950 | | | | U00000708680 64/24/07-80123-016/61.25/ |)) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | AND THE PARTY | |
| 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 | | | | | | | |

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: LOUI L KLUE FARLE DEVER TREASURE 4/15/200772 465-6075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR