


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 767294 1. Entity Name LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1505 NEBRASKA AVE. FT. PIERCE, FL 34950	Mailing Address 1505 NEBRASKA AVE. FT. PIERCE, FL 34950
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04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2759797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LENTZ, SCOTT 1505 NEBRASKA AVE FT PIERCE, FL 34950
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGEE, ELMER 1505 NEBRASKA AVE FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD OREND, SHARON 1505 NEBRASKA AVE FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80123-016-61.25

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: Earle E. Dever **EARLE E. DEVER TREASURER** 4/13/2007 772-4654075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #