

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90010 035 \*\*\*\*61.25

<b>DOCUMENT # 767294</b> 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 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 ROSS, DEBORAH ESQ ROSS EARLE + BONAN, P.A. 759 S FEDERAL HWY, SUITE 212 STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LENTZ, SCOTT 1505 NEBRASKA AVE FT PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEVER, EARL 1505 NEBRASKA AVE FORT PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD Holland, Suellen 1505 Nebraska Ave Ft 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	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGEE, ELMER 1505 NEBRASKA AVE FT PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD TO OREND, SHARON 1505 NEBRASKA AVE FT PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:			3-23-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		