

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767294

FILED
Apr 28, 2010
Secretary of State

Entity Name: LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1505 NEBRASKA AVE.
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1505 NEBRASKA AVE.
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-2759797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH ESQ
ROSS EARLE & BONAN, P.A.
759 S FEDERAL HWY, SUITE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: BRETON, RAYMOND
Address: 1505 NEBRASKA AVE
City-St-Zip: FT PIERCE, FL 34950

Title: ASD
Name: HOLLAND, SUELLEN L
Address: 1505 NEBRASKA AVE
City-St-Zip: FORT PIERCE, FL 34950

Title: SD
Name: RICHARDSON, PATRICIA J
Address: 1505 NEBRASKA AVE
City-St-Zip: FORT PIERCE, FL 34950

Title: PD
Name: MCGEE, ELMER
Address: 1505 NEBRASKA AVE
City-St-Zip: FT PIERCE, FL 34950

Title: AVP
Name: OREND, SHARON
Address: 1505 NEBRASKA AVE
City-St-Zip: FT PIERCE, FL 34950

Title: TD
Name: FARMER, RUSSELL
Address: 1505 NEBRASKA AVE
City-St-Zip: FT PIERCE, FL 34950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUELLEN L. HOLLAND

ASD

04/28/2010

Electronic Signature of Signing Officer or Director

Date