

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

DOCUMENT# 767294

**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.  
789 S FEDERAL HWY, SUITE 101  
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: MCGEE, ELMER  
Address: 1505 NEBRASKA AVE  
City-St-Zip: FT PIERCE, FL 34950

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

Title: ASD  
Name: KNAPP, STEVEN  
Address: 1505 NEBRASKA AVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: PD  
Name: GILFILLAN, JAMES H  
Address: 1505 NEBRASKA AVE  
City-St-Zip: FT PIERCE, FL 34950

Title: TD  
Name: WILSON, BOBBYLEE  
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

SD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date