

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90148 022 \*\*\*\*61.25

**DOCUMENT # 767294**

1. Entity Name  
**LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, I NC.**



Principal Place of Business      Mailing Address

**1505 NEBRASKA AVE.  
FT. PIERCE FL 34950**      **1505 NEBRASKA AVE.  
FT. PIERCE FL 34950**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2759797**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CORNETT, JANE L. ESQ.  
WACKEEN, CORNETT & GOOGE, P.A.  
401 OSCEOLA ST. P.O. BOX 66  
STUART FL 34995**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, HAROLD</b>	
STREET ADDRESS	<b>1525 B PHEASANT WALK</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34950</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, LENTZ</b>	
STREET ADDRESS	<b>1555B PHEASANT WK</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, MAC</b>	
STREET ADDRESS	<b>1477-B CAPTAINS WALK</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAKES, SALLY</b>	
STREET ADDRESS	<b>1629-A LAUREL LEAF LANE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34950</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>HART, JAMES</b>	
STREET ADDRESS	<b>1639 B LAUREL LEAF LN</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSE SACHER</b>	
STREET ADDRESS	<b>1713-D MARINERS COVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL FL 34950</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ **4-8-03 772 4665897**

CR2E037 (10/02)