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

## DOCUMENT # 767294

1. Entity Name

## LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, I NC.



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

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

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Suite, Apt. #, etc.    City & State									1961 1 <b>0612</b> 61 <b>011</b> 1 <b>0</b> 161 <b>1</b>	**************************************	- 	1) BIBN 1881	
City & State  City & State  City & State  City & State  A. FEI Number 59-275977  Applied For  Not Approachie  S. Name and Address of Current Registered Agent  T. Name and Address of Not Registered Agent  CORNETT, JANE L. ESO.  WACKEEN, CORNETT & GOOGE, P.A. 401 0SCEDIA ST. P.O. 80X 66  STUART FL 34995  City  City  City  FL Zip Code  City  FL Zip Code  S. The above named entity submits the statement for the purcose of changing its registered agent or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Date  TITLE  NAME  DIRECTORISM MALK  SISTEM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Date  TITLE  NAME  TO Change Addition  TITLE  NAME  FILE PROCE FL 34950  Debte  HAMILTON, MAC  Debte  HAMILTON, MAC  Debte  HAMILTON, MAC  DEBTE AGENTS  TITLE AGENT WALK  FILE PROCE FL 34950  TITLE  NAME  SISTEM ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10  Debte  HAMILTON, MAC  DEBTE AGENTS  THE BROCE FL 34950  TITLE  NAME  SISTEM ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10  Debte  HAMILTON, MAC  DEBTE AGENTS  THE BROCE FL 34950  TITLE  NAME  SISTEM ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10  Debte  HAMILTON, MAC  DEBTE AGENTS  THE BROCE FL 34950  TITLE  NAME  SISTEM ADDITIONS  TO Change Addition  THE MACE  THE CORNEL THE ADDITIONS  TO Change Addition  THE MACE  THE Addition  THE ADDITIONS  TO Change Addition	2. Principal F	Place of Business	3. Mailing Address										
Zip Country Zip Country S. Certificate of Status Desired Seatus De	Suite, Apt	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF	MAKING CH	anges			
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  North  Street Address (P.O. Box Number is Not Acceptable)  North  Street Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Si	City & Star	te	City & State				4. FEI Number 59-2759797 Applied For					]	
S. Name and Address of New Registered Agent  CORNETT, JANE L ESO. WACKEEN, CORNETT & GOOGE, P.A. 401 OSCOULD ST. P.O. BOX 66 STUART FL 34995  8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. Lam familiar with, and society me obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  S. Fection Compaign Francing  Symmetry of primes rank or agence layer and final registerable.  (Inc. Of FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TUENER, HAROLD  SIREE ADDRESS  STEE ADDRESS  STEE ADDRESS  FORT PERCE FL 34950  OTHER STEE ADDRESS  FORT PERCE FL 34950  OTHER STEE ADDRESS  THE ADDRES	Zip Country			Zip		Соц	untry	5. Certificate of Status Desired \$8.75 Additional					1
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WACKEEN, CORNETT & GOOGE, P.A. 401 OSCEOLA ST. P.O. BOX 66 STUART FT. 34995  City  City  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  FL  Zip Cod							Name	,					1
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		ertify that the infor	mation supplied with	this filing	does not qualify for			Section 119 07/3/// Ele	vida Statutos 16	irthar partify th	at the in	formation	{

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