


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90019 032 \*\*\*\*61.25

**DOCUMENT # N02000005786**  
 1. Entity Name  
**LONGHURST COMMONS ASSOCIATION, INC.**



Principal Place of Business 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907	Mailing Address 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907
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**50056955**



**DO NOT WRITE IN THIS SPACE**

05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2297957	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 TROPICAL ISLES MANAGEMENT  
 12734 KENWOOD LN, STE 49  
 FORT MYERS, FL 33907

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

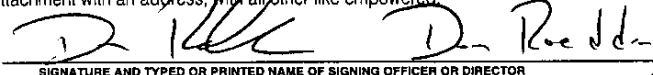
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEBITETTO, JOHN 10471 SIX MILE CYPRESS PKWY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV READER, JIM 10471 SIX MILE CYPRESS PKWY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KNOWLES, KIRK 10471 SIX MILE CYPRESS PKWY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASM REDDING, DON 12734 KENWOOD LN #49 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:**  **5/1/05** (235) 538-2895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #