
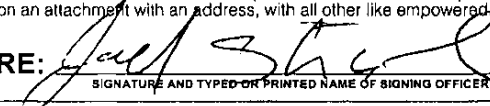


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90022 048 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2297957	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	P
NAME	STRAWBERG, JOEL			NAME	Strausberg, Joel
STREET ADDRESS	14571 LEGENDAR BLVD NORTH SUITE 403			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	
NAME	STRAAB, THOMAS			NAME	
STREET ADDRESS	14521 LEGENDR BLVD NORTH SUITE 403			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	
TITLE	TS	<input type="checkbox"/> Delete		TITLE	
NAME	COMER, JIM			NAME	
STREET ADDRESS	14511 LEGENDR BLVD NORTH 106			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	
TITLE	ASM	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	REDDING, DON			NAME	
STREET ADDRESS	12734 KENWOOD LN #49			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MASCARA, DAVE			NAME	
STREET ADDRESS	14551 LEGENDR BLVD NORTH SUITE 204			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				2/20/08 = 239-225-0893	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	