


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

FILED
Jun 20, 2003 8:00 am
Secretary of State

04-04-2003 90099 039 ****61.25

DOCUMENT # N02000005786

1. Entity Name
LONGHURST COMMONS ASSOCIATION, INC.



Principal Place of Business
**13891 JETPORT LOOP
SUITE 9 & 10
FORT MYERS FL 33912**

Mailing Address
**13891 JETPORT LOOP
SUITE 9 & 10
FORT MYERS FL 33912**

55049254

2. Principal Place of Business
**10471 Six Mile Cypress Pkwy
Suite 2**

3. Mailing Address
**10471 Six Mile Cypress Pkwy
Suite 2**

CHECK HERE IF MAKING CHANGES

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33912

Country
USA

Zip
33912

Country
USA

4. FEI Number
56-2297957

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901**

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 PD	<input type="checkbox"/> Delete
NAME DEBITETTO,	
STREET ADDRESS 13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE VD	<input type="checkbox"/> Delete
NAME LEFWICH, STEVEN	
STREET ADDRESS 13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE STD	<input type="checkbox"/> Delete
NAME KNOWLES, KIRK	
STREET ADDRESS 13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME John Debitetto	
STREET ADDRESS 10471 Six Mile Cypress Pkwy, Ste 2	
CITY-ST-ZIP Fort Myers, FL 33912	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 10471 Six Mile Cypress Pkwy, Ste 2	
CITY-ST-ZIP Fort Myers, FL 33912	
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: *Kirk Knowles* **SIGNATURE REQUIRED KIRK KNOWLES** 3/20/03 (239) 561-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)