

Amended

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

09-10-2003 90050 026 \*\*\*\*61.25  
N02000005786

03 SEP 15 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

10471 SIX MILE CYPRESS PKWY  
Suite, Apt. #, etc.

3. Mailing Address

10471 SIX MILE CYPRESS PKWY  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

56-2297957

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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	PO	<input type="checkbox"/> Delete
NAME	DEBITETTO,	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VO	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBITETTO, JOHN	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READER, JIM	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, KIRK	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY	
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:

John Debitetto REQUIRED (John Debitetto)

Date

9/6/03

Daytime Phone #

238-561-6522

CR2E037 (4/03)