FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13177 (3)

1. Corporation Name

LONG LAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 608526 ORLANDO FL 32860-5526	2180 WEST SR 434 STE. #5000 LONGWOOD FL 32779-5044 US

2. Principal Place of Business 21 2180 WEST SR 434	2a. Mailing Address 26
Suite, Apt. #, etc. 22 5000	Suite, Apt. #, etc. 27
City & State 23 LONGWOOD FL	City & State 28
Zip / Country 24 32779 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/27/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2665231	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THOMPSON, ROGER
7412 UTTLE POND COURT
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83: 2180 WEST SR 434 SUITE 5000
84 City: LONGWOOD **FL** 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STILWELL, EVA 7441 COVINA COURT ORLANDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	STD SANTORELLI, JOHN 7578 GROVEOAK DR ORLANDO, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLUTTS, ALVIN 7454 GROVEOAK DR. ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP BAUER, DANIEL 7583 GROVEOAK DR ORLANDO, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOTSON, TOM 7421 COVINA COURT ORLANDO FL 32810	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D HEADRICK, KAREN 101 GEORGE KING BLVD., #2 CAPE CANAVERAL, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMPSON, ROGER 7412 LITTLE POND COURT ORLNADO FL 32810	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAVLICEK, MARGARET 7449 COVINA COURT ORLANDO FL 32810	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger Thompson 3/20/96 407) 293-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROGER THOMPSON