FILE NOW: FILING FEE IS $61.25

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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
2180WEST SR 434 5000 LONGWOOD FL 32779 US	2180 WEST SR 434 STE. #5000 LONGWOOD FL 32779-5044 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/27/1986
3a. Date of Last Report: 05/01/1996

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

JAMES W. HART JR.
SENTRY MANAGEMENT
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	SANTORELLI, JOHN		1.2 NAME	HENDERSON, DORA	
STREET ADDRESS	7578 GROVEOAK DR		1.3 STREET ADDRESS	7443 LITTLE POND CT	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ DELETE	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	KLUTTS, ALVIN		2.2 NAME	WRIGHT, SHERRI	
STREET ADDRESS	7454 GROVEOAK DR.		2.3 STREET ADDRESS	7599 GROVEOAK DR	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BAUER, DANIEL		3.2 NAME	STILWELL, EVA	
STREET ADDRESS	7583 GROVEOAK DR		3.3 STREET ADDRESS	7441 COVINA CT	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	P D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ROGER		4.2 NAME		
STREET ADDRESS	7412 LITTLE POND COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLNADO FL 32810		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HEADRICK, KAREN		5.2 NAME		
STREET ADDRESS	101 GEORGE KING BLVD, #2		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL F		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [illegible] 3/11/97 [illegible]