

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:39

DOCUMENT # **N26130** (7)  
1. Corporation Name  
**LONG LAKE PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
P O BOX 607578 ORLANDO FL 32860-7578 US  
P O BOX 607578 ORLANDO FL 32860-7578 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/27/1988</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-2937914</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>5709 Long Park CT</b> City & State <b>ORLANDO FL</b> Zip <b>32810</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>5709 Long Park CT</b> City & State <b>ORLANDO FL</b> Zip <b>32810</b>	29 Country <b>USA</b>	30 Country <b>USA</b>
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9. Name and Address of Current Registered Agent <b>GARCIA, IRENE 5816 WAYT CT ORLANDO FL 32810</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>HAYNES, BILL</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5826 PONDWOOD CT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.2 NAME	
TITLE <b>VPD</b>	NAME <b>RUGGLES, ERICK</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>5735 SPRINGMONTE CT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>GARCIA, IRENE</b>	2.1 TITLE <b>VPD</b>	2.1 NAME <b>PHYLLIS DEVITO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>58165 WAYT CT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	2.2 STREET ADDRESS <b>5802 PONDWOOD CT</b>	2.3 STREET ADDRESS
TITLE <b>D</b>	NAME <b>FOLKENBERG, BOB</b>	2.4 CITY-ST-ZIP <b>ORLANDO FL 32810</b>	2.4 CITY-ST-ZIP
STREET ADDRESS <b>6040 BROOKHILL CT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>KNIGHT, RON</b>	3.2 NAME	
STREET ADDRESS <b>6374 BROOKHILL CIR</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	3.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>JOHN PENNY</b>	3.4 CITY-ST-ZIP	4.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6030 BROOKHILL Circle</b>	CITY-ST-ZIP <b>ORLANDO FL 32810</b>	4.2 NAME	
TITLE <b>D</b>	NAME <b>RON KIGHT</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	4.5 CITY-ST-ZIP	5.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 110.07(3)(a), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irene N. Garcia 1/19/94 407-578-8509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #