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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
5709 LONG PARK CT ORLANDO FL 32810 US
5709 LONG PARK CT ORLANDO FL 32810-3997 US

3. Date Incorporated or Qualified 04/27/1988
3a. Date of Last Report 01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2837914	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, IRENE
5816 WAYT CT
ORLANDO FL 32810

Lowe Kristina
6375 Brookhill Circle
Orlando, FL 32810

81 Name	Lowe Kristina		
82 Street Address (P.O. Box Number is Not Acceptable)	6375 Brookhill Circle		
83			
84 City	Orlando	85 Zip Code	FL 32810

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 617.0509, Florida Statutes.

SIGNATURE *Kristina Lowe (Secretary)* DATE 2/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP D	<input type="checkbox"/> DELETE
NAME	HAYNES, BILL	
STREET ADDRESS	5826 PONDWOOD CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DEVITO, PHYLLIS	
STREET ADDRESS	5802 PONDWOOD CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, IRENE	
STREET ADDRESS	58165 WAYT CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENNY, JOHN	
STREET ADDRESS	6030 BROOKHILL CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S D	<input type="checkbox"/> DELETE
NAME	ARNOLD, ROBIN	
STREET ADDRESS	5733 LONG PARK CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Francis, George	
STREET ADDRESS	5819 Pondwood Court	
CITY-ST-ZIP	Orlando, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5826 Pondwood Ct	
1.3 STREET ADDRESS	ORLANDO, FL 32810	
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lowe, Kristina D	
2.3 STREET ADDRESS	6375 Brookhill Circle	
2.4 CITY-ST-ZIP	Orlando, FL 32810	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilson, Joe	
3.3 STREET ADDRESS	5741 Springmonte Court	
3.4 CITY-ST-ZIP	Orlando, FL 32810	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARNOLD, Robin - D	
5.3 STREET ADDRESS	5733 LONG PARK CT	
5.4 CITY-ST-ZIP	ORLANDO, FL 32810	
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	5819 Pondwood Ct	
6.4 CITY-ST-ZIP	ORLANDO, FL 32810	

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: *Kristina Lowe* DATE: Jan. 14, 1997 (407) 293-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0017148

CR2E037 (9/96)