

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26130 (7)
1. Corporation Name
LONG LAKE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5709 LONG PARK CT ORLANDO FL 32810 US	Mailing Address 5709 LONG PARK CT ORLANDO FL 32810 US
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3. Date Incorporated or Qualified 04/27/1988
4. FEI Number 59-2937914
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOWE, KRISTINA
6375 BROOKHILL CIRCLE
ORLANDO FL 32810**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYNES, BILL		1.2 NAME AKER, ANNIE	
STREET ADDRESS 5826 PONDWOOD CT		1.3 STREET ADDRESS 6192 Brookhill CR.	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP ORLANDO, FL. 32810	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWE, KRISTINA		2.2 NAME LOWE, KRISTINA	
STREET ADDRESS 6375 BROOKHILL CIRCLE		2.3 STREET ADDRESS 6375 Brookhill CR.	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP ORLANDO, FL. 32810	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, JOE		3.2 NAME Greene, Helen	
STREET ADDRESS 5741 SPRINGMONTE COURT		3.3 STREET ADDRESS 6161 Brookhill CR.	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP ORLANDO, FL. 32810	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PENNY, JOHN		4.2 NAME Penny, JOHN	
STREET ADDRESS 6030 BROOKHILL CIRCLE		4.3 STREET ADDRESS 6030 BROOKHILL circle	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP ORLANDO, FL. 32810	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARNOLD, ROBIN		5.2 NAME BARKLAND, BARBARA	
STREET ADDRESS 5733 LONG PARK CT		5.3 STREET ADDRESS 6294 BROOKHILL CIRCLE	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP ORLANDO, FL. 32810	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANCIS, GEORGE		6.2 NAME Gardner, J.R.	
STREET ADDRESS 5819 PONDWOOD CT		6.3 STREET ADDRESS 5767 creek Dale DR.	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP ORLANDO, FL. 32810	

14. 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 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 Kristina A. Lowe* 01/13/98 (407)293-8211

CR2E037 (10/97)