

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90045 004 \*\*\*\*61.25

**DOCUMENT # N26130**

1. Entity Name

**LONG LAKE PARK HOMEOWNERS ASSOCIATION, INC.**

**41240**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5709 LONG PARK COURT ORLANDO FL 32810 US		Mailing Address 5709 LONG PARK COURT ORLANDO FL 32810 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2937914</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent <b>HOWARD, MARK A P.E.</b> <b>5803 WAYT COURT</b> <b>ORLANDO FL 32810</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* DATE: *4/17/02*

Signature, typed or printed name of registered agent and trustee, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AKER, ANNIE</b> <b>6192 BROOKHILL CIRCLE</b> <b>ORLANDO FL 32810</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>TRACEY KIDLEC</b> <b>5821 WAYT CT</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NORMAN, JIM</b> <b>6234 BROOKHILL CIRCLE</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENE, HELEN</b> <b>6161 BROOKHILL CIRCLE</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JAMES, KARL</b> <b>6308 BROOKHILL CIRCLE</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANCIS, GEORGE</b> <b>5819 PONDWOOD COURT</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AKER, ANNIE</b> <b>6192 BROOKHILL CIRCLE</b> <b>ORLANDO FL 32810</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/17/02* DAYTIME PHONE #: *407-93-1513*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

**2002 UNIFORM BUSINESS REPORT (UBR)**

*Attachment  
41240*

0004707

DOCUMENT # **N26130**

1. Entity Name

**LONG LAKE PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

5709 LONG PARK COURT  
ORLANDO FL 32810  
US

Mailing Address

5709 LONG PARK COURT  
ORLANDO FL 32810  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2937914**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, MARK A P.E.  
5803 WAYT COURT  
ORLANDO FL 32810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~D~~  Delete  
NAME ~~AKER, ANNIE~~  
STREET ADDRESS ~~6192 BROOKHILL CIRCLE~~  
CITY-ST-ZIP ~~ORLANDO FL 32810~~

TITLE **PRESIDENT**  Change  Addition  
NAME **MARK A. HOWARD P.E.**  
STREET ADDRESS **5803 WAYT CT**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **VP**  Delete  
NAME **NORMAN, JIM**  
STREET ADDRESS **6234 BROOKHILL CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **MR. FRANQUI** **DIRECT.**  Change  Addition  
NAME **6204 BROOKHILL CIRCLE**  
STREET ADDRESS **ORLANDO FL 32810**

TITLE **S**  Delete  
NAME **GREENE, HELEN**  
STREET ADDRESS **6161 BROOKHILL CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **JAMES, KARL**  
STREET ADDRESS **6308 BROOKHILL CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **FRANCIS, GEORGE**  
STREET ADDRESS **5819 PONDWOOD COURT**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~  Delete  
NAME ~~AKER, ANNIE~~  
STREET ADDRESS ~~6192 BROOKHILL CIRCLE~~  
CITY-ST-ZIP ~~ORLANDO FL 32810~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

*8/7/02 467 790 4000 X300*

CR2E037 (4/02)

Attachment  
41240  
# N26130

LONG LAKE PARK HOMEOWNERS ASSOCIATION

407-263-8211  
5709 LONG PARK CT.  
ORLANDO, FL 32810

843547

2338

PAY TO THE  
ORDER OF

Florida Department of State  
advising on 25 of State

4/17

102002

63-319/631  
55

\$ 61.25

DOLLARS



007-055  
0655 N. Orange Blossom Trail  
Orlando, Florida 32810

FOR

Division of Corporations

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2837737303⑆

⑆00000006125⑆

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