

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26130

FILED
Mar 07, 2008
Secretary of State

Entity Name: LONG LAKE PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5709 LONG PARK COURT
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5709 LONG PARK COURT
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-2937914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WINSOME, ROOKWOOD
Address: 6012 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: TREA () Delete
Name: NORMAN, JAMES H MS/MIS
Address: 6234 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: SEC () Delete
Name: GREENE, HELEN
Address: 6161 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: DIR () Delete
Name: GREENE, JOSEPH
Address: 6161 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: DIR () Delete
Name: FRANCIS, GEORGE
Address: 5819 PONDWOOD COURT
City-St-Zip: ORLANDO, FL 32810

Title: DIR () Delete
Name: WELDESTRUDE, FRANQUI
Address: 6204 BROOKHILL CIR.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: WASSON, JOYCE
Address: 6369 BROOKHILL CIR
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H NORMAN

Electronic Signature of Signing Officer or Director

TREA

03/07/2008

_____ Date