

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90127 014 \*\*\*\*61.25

**DOCUMENT # N97000005609**

1. Entity Name

**LONGWOOD CLUB HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**2180 W. SR. 434, SUITE 5000  
LONGWOOD FL 32779-5044**

Mailing Address

**2180 W. SR. 434, SUITE 5000  
LONGWOOD FL 32779-5044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3474549**

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

**HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434, STE 5000  
LONGWOOD FL 32779**

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**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	PD	<input type="checkbox"/> Delete
NAME	WHITE, WILLIAM	
STREET ADDRESS	950 LONGWOOD CLUB PL	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIORRO, TONI	
STREET ADDRESS	1113 BURLWOOD CT	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RIAL, BOB	
STREET ADDRESS	105 FIG TREE RUN	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REITER, ERNIE	
STREET ADDRESS	141 FIG TREE RUN	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MARINO, ANITA	
STREET ADDRESS	152 FIG TREE RUN	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MUJIC, TONY	
STREET ADDRESS	944 MOSS TREE PL	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GILMAN, ARLENE	
STREET ADDRESS	993 BURLWOOD COURT	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**William White**

Date

Daytime Phone #

**March 26, 2002 (407) 714-4346**

CR2E037 (9/01)