

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90035 029 ****61.25

DOCUMENT # N97000005609

1. Entity Name
LONGWOOD CLUB HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
491 N SR 434 STE 125
ALTAMONTE SPRINGS, FL 32714-0580

Mailing Address
PO BOX 160580
ALTAMONTE SPRINGS, FL 32716-0580

44024372



01282004 Chg-NP CR2E037 (10/03)

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
59-3474549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KANAGA, MERIDYTHE
% MARK MANAGEMENT, INC.
491 N SR 434 STE 125
ALTAMONTE SPRINGS, FL 32714-2182**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WHITE, WILLIAM
STREET ADDRESS 950 LONGWOOD CLUB PL
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DVP ☐ Delete
NAME SMTIH, TAMMY
STREET ADDRESS 940 MOSS TREE PL
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE SD ☐ Delete
NAME MARINO, ANITA
STREET ADDRESS 152 FIG TREE RUN
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE TD ☐ Delete
NAME REITER, ERNIE
STREET ADDRESS 141 FIG TREE RUN
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE D ☐ Delete
NAME GILMAN, ARLENE
STREET ADDRESS 993 BURLWOOD COURT
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ernie Reiter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernie Reiter, DP

1/29/04

Date

407-862-2292 x 10

Daytime Phone #