


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90155 027 ****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		
2. Principal Place of Business 2755 Border Lake Road Suite, Apt. #, etc. Suite 101 City & State Apopka, FL Zip 32703-4857		3. Mailing Address 2755 Border Lake Road Suite, Apt. #, etc. Suite 101 City & State Apopka, FL Zip 32703-4857		4. FEI Number 59-3474549 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Meridythe Kanaga Street Address (P.O. Box Number is Not Acceptable) 2755 Border Lake Road Suite 101 City Apopka FL Zip Code 32703-4857		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHITE, WILLIAM 950 LONGWOOD CLUB PL LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMTIH, TAMMY 940 MOSS TREE PL LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Susan Boshers 969 Moss Tree Place Longwood, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARINO, ANITA 152 FIG TREE RUN LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Maxine Thomas 132 Fig Tree Run Longwood, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REITER, ERNIE 141 FIG TREE RUN LONGWOOD, FL 32750	<input checked="" 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	D GILMAN, ARLENE 993 BURLWOOD COURT LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matt Farr 145 Fig Tree Run Longwood, FL 32750 <input type="checkbox"/> Change <input checked="" 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)(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 an other like empowered.					
SIGNATURE: <u>Maxine Thomas</u> Maxine Thomas <u>4/1/05</u> 407-862-2292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					