



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N97000005609 1. Entity Name LONGWOOD CLUB HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2755 BORDER LAKE ROAD SUITE 101 APOPKA, FL 32703	Mailing Address 2755 BORDER LAKE ROAD SUITE 101 APOPKA, FL 32703
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3474549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANAGA, MERIDYTHE  
2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000701405  
04/20/07-80057-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, KATE 994 BURLWOOD COURT LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOSHERS, SUSAN 969 MOSS TREE PLACE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS, MAXINE 132 FIG TREE RUN LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, MATT 145 FIG TREE RUN LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILMAN, ARLENE 993 BURLWOOD COURT LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FARR, MATT 145 FIG TREE RUN LONGWOOD, FL 32750

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  Susan Boshers, Sec. 3/29/07 407-862-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #