PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P9400069400

LONGWOOD GREEN VILLAGE, INC.

Principal Place of Business

Mailing Address

5250 SOUTH U.S. HIGHWAY 17-92 CASSELBERRY FL 32707 5250 SOUTH U.S. HIGHWAY 17-92 CASSELBERRY FL 32707

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 033 ***450.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed				
						09/19/1994				
2. Principal Pl	2a. Mailing Address				4. FEI Number		Арр	lied For		
21		26]			59-3264430		Not Applicable		
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State						6. Election Campaign Financing	\$5	\$5.00 May Be		
23	28			Country		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	¬ '			8. This corporation owes the current year intangible Personal Property Tax. Yes No				
24 25 29 30						Totalitat Tropolity term				
	9. Name and Address of Current	Registered Agent	- 1 .	10. Name and Address of New Registered Agent 81 Name						
OWEN, RICHARD B					Name					
5250 SOUTH U.S. HIGHWAY 17-92				82 Street Address (P.O. Box Number is Not Acceptable)						
CASSELBERRY FL 32707				83		-				
				B4	City	FL	85	Zip Ci	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE					! •	ured when reinstating) DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12 OFFICERS AND DIRECTORS 13.					signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRE	CTOF	RS IN 12	
12.				1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AF	☐ Çh		Addition	
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TITLE			3.1 TITLE				Ch	ange	☐ Addition	
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NAME				5.2 NAME						
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14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 10/83/409 Days 10/83/409 32E034 (11/98)