2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002625

FILED Jul 05, 2006 Secretary of State

Entity Name: LONG LAKE HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PROPERTY FIRST INC PROPERTY FIRST INC 13627 DORNOCH DR 221 WALTON HEATH DRIVE ORLANDO, FL 32828 ORLANDO, FL 32828

New Mailing Address: Current Mailing Address:

P O BOX 4656

WINTER PARK, FL 32793

FEI Number: 59-3520361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALMER, BETH PALMER, BETH

13627 DÓRNOCH DR 221 WALTON HEATH DRIVE ORLANDO, FL 32828 ORLANDO, FL 32828 US

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: BETH PALMER 07/05/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change () Addition () Delete

KEATING, PHILLIP NORWOOD, CHIRS Name: Name: 6467 LONG BREEZE RD. Address: 6478 LONG BREEZE RD. Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

Title: () Delete Title: () Change () Addition

Name: HONOR, KENNETH Name: Address: 6479 LONG BREEZE RD. Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip:

Title: () Delete Title: () Change () Addition

NELSON, LOREEN Name: Name: 5628 LONG LAKE HILLS BLVD Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOREEN NELSON PD 07/05/2006