

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767294

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC3285009849**

**Entity Name:** LONGWOOD OF FT. PIERCE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1505 NEBRASKA AVE.  
FT. PIERCE, FL 34950

**Current Mailing Address:**

1505 NEBRASKA AVE.  
FT. PIERCE, FL 34950

**FEI Number: 59-2759797**

**Certificate of Status Desired: No**

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

ROSS, DEBORAH ESQ  
ROSS EARLE & BONAN, P.A.  
789 S FEDERAL HWY, SUITE 101  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name GILFILLAN, JAMES H.  
Address 1505 NEBRASKA AVE.  
City-State-Zip: FT. PIERCE FL 34950

Title SD  
Name WILSON, BOBBYLEE  
Address 1505 NEBRASKA AVE.  
City-State-Zip: FT. PIERCE FL 34950

Title TD  
Name KNAPP, STEVEN  
Address 1505 NEBRASKA AVE  
City-State-Zip: FORT PIERCE FL 34950

Title PD  
Name SUELLEN, HOLLAND L.  
Address 1505 NEBRASKA AVE.  
City-State-Zip: FT. PIERCE FL 34950

Title ASD  
Name CAHILL, MICHAEL  
Address 1505 NEBRASKA AVE.  
City-State-Zip: FT. PIERCE FL 34950

*I hereby 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 all other like empowered.*

**SIGNATURE: BOBBYLEE WILSON**

**SD**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date