I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e above, or on an attachment with all other like empowered.		
SIGNATURE: SUELLEN L. HOLLAND	PRESIDENT	03/21/2017

SIGNATURE: SUELLEN L. HOLLAND

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

SIGNATURE:

Title	VPD	Title	SD
Name	GILFILLAN, JAMES H.	Name	WILSON, BOBBYLEE
Address	1505 NEBRASKA AVE.	Address	1505 NEBRASKA AVE.
City-State-Zip:	FT. PIERCE FL 34950	City-State-Zip:	FT. PIERCE FL 34950
Title	TD	Title	PD
Name	KNAPP, STEVEN	Name	SUELLEN, HOLLAND L.
Address	1505 NEBRASKA AVE	Address	1505 NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	FT. PIERCE FL 34950
Title	ASD		
Name	CAHILL, MICHAEL		
Address	1505 NEBRASKA AVE.		
City-State-Zip:	FT. PIERCE FL 34950		

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.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767294

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

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ROSS, DEBORAH ESQ ROSS EARLE BONAN & ENSOR, P.A. 789 S FEDERAL HWY SUITE 100 STUART, FL 34994 US

Certificate of Status Desired: No

Date

Date