

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767294

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**0195091050CC**

**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 & ENSOR, P.A.  
819 S FEDERAL HWY SUITE 302  
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	DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	SIMONCINI, DONALD	Name	HEAD, WADE
Address	1505 NEBRASKA AVE.	Address	1505 NEBRASKA AVE.
City-State-Zip:	FT. PIERCE FL 34950	City-State-Zip:	FT. PIERCE FL 34950

Title	DIRECTOR, VP	Title	DIRECTOR, SECRETARY
Name	SBANO, MICHELE	Name	WOLF, MARY
Address	1505 NEBRASKA AVE	Address	1505 NEBRASKA AVE
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	FORT PIERCE FL 34950

Title	DIRECTOR, TREASURER
Name	PUGLIESE, THOMAS
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: WADE HEAD**

**PRESIDENT**

**04/03/2024**

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

\_\_\_\_\_  
Date