

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26130

**Entity Name:** LONG LAKE PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5709 LONG PARK COURT  
ORLANDO, FL 32810

**Current Mailing Address:**

5709 LONG PARK COURT  
ORLANDO, FL 32810 US

**FEI Number:** 59-2937914

**Certificate of Status Desired:** No

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

RAYMOND, ANDREEN  
6096 BROOKHILL CIRCLE  
ORLANDO, FL 32810 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:** ANDREEN RAYMOND

02/14/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAYMOND, ANDREEN  
Address        6096 BROOKHILL CIRCLE  
City-State-Zip: ORLANDO FL 32810

Title            TREA  
Name            NIBLACK, PATRICIA  
Address        5820 LOKEY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title            SECRETARY  
Name            GEORGES, JUNIOR  
Address        5710 LAKEFIELD CT  
City-State-Zip: ORLANDO FL 32810

Title            ARB  
Name            CARTY, SOLOMON  
Address        6264 BROOKHILL CIRCLE  
City-State-Zip: ORLANDO FL 32810

Title            VP  
Name            HICKS, RONALD  
Address        6004 BROOKHILL COURT  
City-State-Zip: ORLANDO FL 32810

Title            ARB  
Name            DENARD, EDGAR  
Address        6174 BROOKHILL CIRCLE  
City-State-Zip: ORLANDO FL 32810

*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:** ANDREEN RAYMOND

PRESIDENT

02/14/2018

Electronic Signature of Signing Officer/Director Detail

Date