

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 753398**

1. Entity Name  
LONGWOOD PARK ASSOCIATION, INCORPORATED



**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
% LINDA L. HEFLIN,  
36 LONGWOOD DR.,  
SHALIMAR, FL 32579

Mailing Address  
% LINDA L. HEFLIN,  
36 LONGWOOD DR.,  
SHALIMAR, FL 32579



03192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WHITEHURST, LEE  
15 BAYVIEW DRIVE  
SHALIMAR, FL 32579

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WHITEHURST, LEE 15 BAYVIEW DR. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MCDONALD, MIKE 23 BAYVIEW DR. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MANEY, EDWARD 38 LONGWOOD DR. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CARR, WILLIE (JANE) 24 BAYVIEW DR. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000271844  
03/21/05-80061-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie Jane Carr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 850-657-0087  
Date Daytime Phone #