

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90226 025 \*\*\*\*61.25

**DOCUMENT # 753398**

1. Entity Name  
**LONGWOOD PARK ASSOCIATION, INCORPORATED**



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITEHURST, LEE  
15 BAYVIEW DRIVE  
SHALIMAR, FL 32579**

Name

**Mike McDonald**  
Street Address (P.O. Box Number is Not Acceptable)

**23 Bayview Drive**

City

**Shalimar**

**FL**

Zip Code

**32579**

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]*

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, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME WHITEHURST, LEE  
STREET ADDRESS 15 BAYVIEW DR.  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE President ☒ Change ☐ Addition  
NAME Mike McDonald  
STREET ADDRESS 23 Bayview Drive  
CITY-ST-ZIP Shalimar, FL 32579

TITLE VD ☒ Delete  
NAME MCDONALD, MIKE  
STREET ADDRESS 23 BAYVIEW DR.  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE V. President ☒ Change ☐ Addition  
NAME Malcolm Foley  
STREET ADDRESS 25 James Street  
CITY-ST-ZIP Shalimar FL 32579

TITLE S ☒ Delete  
NAME MANEY, EDWARD  
STREET ADDRESS 38 LONGWOOD DR.  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE Secretary ☒ Change ☐ Addition  
NAME Mary B. Hale  
STREET ADDRESS 21 Bayview Drive  
CITY-ST-ZIP Shalimar, FL 32579

TITLE T ☐ Delete  
NAME CARR, WILLIE (JANE)  
STREET ADDRESS 24 BAYVIEW DR.  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-06**  
Date

**850-657-0087**  
Daytime Phone #