

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90077 032 ****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**

DO NOT WRITE IN THIS SPACE



04282007 No Chg-NP

CR2E037 (4/06)

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

**MCARNOLD, MIKE
23 BAYVIEW DR
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, 2007

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
**P
MCDONALD, MIKE
23 BAYVIEW DR
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FOLEY, MAILCOLM
25 JAMES ST
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HALE, MARY D
21 BAYVIEW 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

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IN THIS SPACE**

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:

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

4-28-07 *850-651-0087*
Date Daytime Phone #