

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753398

FILED  
Feb 22, 2009  
Secretary of State

Entity Name: LONGWOOD PARK ASSOCIATION, INCORPORATED

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCARNOLD, MIKE  
23 BAYVIEW DR  
SHALIMAR, FL 32579 US

## Name and Address of New Registered Agent:

BLANKENSHIP, BETH  
34 LONGWOOD DRIVE  
SHALIMAR, FL 32579 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: BETH BLANKENSHIP

02/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCDONALD, MIKE  
Address: 23 BAYVIEW DR  
City-St-Zip: SHALIMAR, FL 32579

Title: VP ( ) Delete  
Name: FOLEY, MAILCOLM  
Address: 25 JAMES ST  
City-St-Zip: SHALIMAR, FL 32579

Title: S ( ) Delete  
Name: RICE, LEIGH  
Address: 96 NORTH  
City-St-Zip: SHALIMAR, FL 32579

Title: T (X) Delete  
Name: BLANKENSHIP, BETH  
Address: 34 LONGWOOD DR  
City-St-Zip: SHALIMAR, FL 32579

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FOLEY, MALCOLM  
Address: 25 JAMES ST  
City-St-Zip: SHALIMAR, FL 32579

Title: S (X) Change ( ) Addition  
Name: RICE, LEIGH  
Address: 96 NORTH  
City-St-Zip: SHALIMAR, FL 32579

Title: T (X) Change ( ) Addition  
Name: BLANKENSHIP, BETH  
Address: 34 LONGWOOD DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETH BLANKENSHIP

T

02/22/2009

Electronic Signature of Signing Officer or Director

Date