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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759511

1. Corporation Name

LONG LAKE ACRES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4010 NEWBERRY ROAD BOX 90010 GAINESVILLE, FL 32607-7010	4010 NEWBERRY BOX 90010 GAINESVILLE, FL 32607-7010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/81
3a. Date of Last Report: 02/05/94
4. FEI Number: Applied For ☐ Not Applicable ☒

2. Principal Place of Business	2a. Mailing Address
21 104 N. MAIN STREET	26 104 N. MAIN STREET
Suite, Apt. #, etc 22 SUITE 300	Suite, Apt. #, etc 27 SUITE 300
City & State 23 GAINESVILLE, FLORIDA	City & State 28 GAINESVILLE, FLORIDA
Zip / County 24 32601 / 25 ALACHUA	Zip / County 29 32601 / 30 ALACHUA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORGAN, D'ETTA 7559 CHARLOTTE ROAD KEYSTONE HEIGHTS, FL 32656	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D/V THOMPSON, C. FREDERICK 4010 NEWBERRY RD, SUITE A GAINESVILLE, FLORIDA 32607	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D/V ☒ Change ☐ Addition THOMPSON, C. FREDERICK 104 N. MAIN STREET, SUITE 300 GAINESVILLE, FLORIDA 32601
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D ROSKO, GEORGE 4010 NEWBERRY, SUITE A GAINESVILLE, FLORIDA 32607	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	P/D ☒ Change ☐ Addition ROSKO, GEORGE 104 N. MAIN STREET, SUITE 300 GAINESVILLE, FLORIDA 32601
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T/D MORGAN, D'ETTA 7559 CHARLOTTE ROAD KEYSTONE HEIGHTS, FL 32656	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	S/T/D ☒ Change ☐ Addition WALLACE SPRINGSTEAD 104 N. MAINS STREET, SUITE 300 GAINESVILLE, FLORIDA 32601
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition 000001 475410 -05/04/95--01130--003 ****130.00 ****130.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 04/26/95 904-378-4814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE ROSKO