


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90293 008 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|---|---|--|

**DOCUMENT # 759511**

1. Corporation Name

**LONG LAKE ACRES PROPERTY OWNERS' ASSOCIATION, IN C.**

Principal Place of Business

104 NORTH MAIN STREET  
 SUITE 300  
 GAINESVILLE FL 32601

Mailing Address

104 NORTH MAIN STREET  
 SUITE 300  
 GAINESVILLE FL 32601

543732 - 90008 - 50



|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                         |
| 21                             | 26                  | 08/06/1981  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number   |
| 22                             | 27                  | NOT APPLICABLE  |
| City & State                   | City & State        | Applied For   |
| 23                             | 28                  | Not Applicable  |
| Zip                            | Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24                             | 29                  | \$8.75 Additional Fee Required                            |
| Country                        | Country             | 6. Election Campaign Financing                            |
| 25                             | 30                  | Trust Fund Contribution <input type="checkbox"/>          |
|                                |                     | \$5.00 May Be Added to Fees                               |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPRINGSTEAD, WALLACE L**  
**104 N MAIN STREET, SUITE 300**  
**SUITE 300**  
**GAINESVILLE FL 32601**

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 617.0502 and 617.1508, 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 617.0503, 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                      | OV                           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THOMPSON, C. FREDERICK       | 1.2 NAME  |   |
| STREET ADDRESS             | 104 NORTH MAIN STREET        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL 32601         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROSKO, GEORGE                | 2.2 NAME  |   |
| STREET ADDRESS             | 104 NORTH MAIN STREET        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL 32601         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SPRINGSTEAD, WALLACE L.      | 3.2 NAME  |   |
| STREET ADDRESS             | 104 N MAIN STREET, SUITE 300 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

04/21/99

352-378-4814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**C. FREDERICK THOMPSON, VICE PRESIDENT/DIRECTOR**

Date

Daytime Phone #

CR2E037 (11/98)