

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765249

FILED
Apr 23, 2008
Secretary of State

Entity Name: LONGWOOD HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

3975 SCENIC HWY.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

3975 SCENIC HWY.
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2961851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN MATRE, JR THOMAS G
4300 BAYOU BLVD
STE 16
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, LEAH
Address: 3935 SCENIC HWY CIR
City-St-Zip: PENSACOLA, FL 32504

Title: T () Delete
Name: WHITE, KATHRYN
Address: 3975 SCENIC HWY.
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: CLEVELAND, CRAWFORD
Address: 3955 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: CLEVELAND, PHYLLIS
Address: 3955 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: WHITE, MALCOLM A
Address: 3975 SCENIC HWY.
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HINSON, JAMES
Address: 3995SCENIC HWY CIR
City-St-Zip: PENSACOLA, FL 32504

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

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

Title: S (X) Change () Addition
Name: REEVES, CYNTHIA
Address: 3965 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32504

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: KATHRYN WHITE

T

04/23/2008

Electronic Signature of Signing Officer or Director

Date