

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765249

FILED  
Mar 23, 2010  
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  
**Name:** HINSON, JAMES  
**Address:** 3995 SCENIC HWY CIR  
**City-St-Zip:** PENSACOLA, FL 32504

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

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

**Title:** S  
**Name:** REEVES, CYNTHIA  
**Address:** 3965 SCENIC HWY  
**City-St-Zip:** PENSACOLA, FL 32504

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

I hereby 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 all other like empowered.

**SIGNATURE:** KATHRYN WHITE

T

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date