

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769892

FILED
Jan 06, 2009
Secretary of State

Entity Name: LONG MEADOW OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6640 103RD STREET
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

6640 103RD STREET
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-2685913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREHAND REALTY CO
6640 103RD STREET
JACKSONVILLE, FL 32210 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: BOGUSCH, ROBERT
Address: 8432 LONG MEADOW CIR N
City-St-Zip: JACKSONVILLE, FL 32244

Title: ST () Delete
Name: BARNES, KATHY
Address: 8416 LONG MEADOW CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: KNIGHT, FLOYD
Address: 8344 WESTOVER CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: UNDERWOOD, KERRY
Address: 8444 LONGMEADOWS CIR N.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: CANADA, DEBRA
Address: 3446 DEERFIELD POINTE DR.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BARNES, KATHY
Address: 8416 LONG MEADOW CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: ST (X) Change () Addition
Name: UNDERWOOD, KERRY
Address: 8444 LONGMEADOWS CIR N.
City-St-Zip: JACKSONVILLE, FL 32244

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: SHIRLEY HOLLAND

RA

01/06/2009

Electronic Signature of Signing Officer or Director

Date