

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 024 ****61.25

DOCUMENT # N01000007722

1. Entity Name
LONGLEAF TOWN CENTER ASSOCIATION, INC.



Principal Place of Business
**12959 SR 54
ODESSA, FL 33556**

Mailing Address
**12959 SR 54
ODESSA, FL 33556**

54039027



03082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3589944

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STARKEY, JAY B
12959 SR 54
ODESSA, FL 33556**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STARKEY, JAY B
12959 SR 54
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STARKEY, FRANK
12959 SR 54
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CORBETT, DIANE
3035 ALACHUA PL
NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Greg Singleton
3030 Starkey Boulevard
New Port Richey, FL 34656**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #