2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000007722

1. *Entity Name*
LONGLEAF TOWN CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12959 SR 54	12959 SR 54
ODESSA, FL 33556	ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

01182005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3589944	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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000326491
04/23/05--80058-010 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE	D
NAME	SINGLETON, GREG
STREET ADDRESS	3030 STARKEY BLVD.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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: *Jay B Starkey*   4/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #