
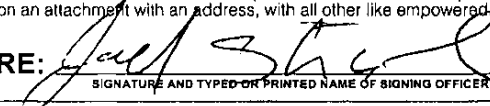


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90022 048 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N02000005786</b><br>1. Entity Name<br><b>LONGHURST COMMONS ASSOCIATION, INC.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>12734 KENWOOD LANE STE 49<br/>FORT MYERS, FL 33907</b>   |   |   | Mailing Address<br><b>12734 KENWOOD LANE STE 49<br/>FORT MYERS, FL 33907</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  |   | Country   |  | Zip   |  |
| Country  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TROPICAL ISLES MANAGEMENT<br/>12734 KENWOOD LN, STE 49<br/>FORT MYERS, FL 33907</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>STRAWBERG, JOEL<br>14571 LEGENDAR BLVD NORTH SUITE 403<br>FORT MYERS, FL 33912 <input type="checkbox"/> Delete |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>Strausberg, Joel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>STRAAB, THOMAS<br>14521 LEGENDR BLVD NORTH SUITE 403<br>FORT MYERS, FL 33912 <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TS<br>COMER, JIM<br>14511 LEGENDR BLVD NORTH 106<br>FORT MYERS, FL 33912 <input type="checkbox"/> Delete            |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | ASM<br>REDDING, DON<br>12734 KENWOOD LN #49<br>FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete      |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>MASCARA, DAVE<br>14551 LEGENDR BLVD NORTH SUITE 204<br>FORT MYERS, FL 33912 <input type="checkbox"/> Delete    |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |  |   |  |
| <b>SIGNATURE:</b>   |   |   |  | 2/20/08 = 239-225-0873<br>Date Daytime Phone #  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |   |  |