

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90050 027 \*\*\*\*61.25

**DOCUMENT # N03000002254**

1. Entity Name

LINGER LONGER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

495 LINGER LANE  
TARPON SPRINGS FL 34689

Mailing Address

495 LINGER LANE  
TARPON SPRINGS FL 34689

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

27-0050974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DARNELL, BENJAMIN  
495 LINGER LANE  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Darnell, Benjamin	
STREET ADDRESS	495 Linger Lane	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Tarajos, Joyce	
STREET ADDRESS	488 Linger Lane	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Gretchen Bradford	
STREET ADDRESS	421 Vegas Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Lois Jackson	
STREET ADDRESS	475 Outer Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	Champion, Rachel	
STREET ADDRESS	455 Inner Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	Dietrich, Beverly	
STREET ADDRESS	433 Vegas Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milliet, Archie	
STREET ADDRESS	454 Vegas Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Benjamin Darnell*

Benjamin Darnell, Pres.

Date

1-30-04

Daytime Phone #

727 942-0349