


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State

05-03-2005 90109 036 ****61.25

DOCUMENT # N04000001564				
1. Entity Name LONGLEAF RANCH HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257		Mailing Address ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent DUNGEY, MARY L ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNGEY, MARY L 12844 BAY PLANTATION DRIVE JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAREN, MICHAEL 3253 FIDDLERS HAMMOCK LANE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LARA, ANNE G 10779 KNOTTINGBY DRIVE JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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, 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

4-22-05

ATTACHMENT

66624186)
NO4000001564

CC-100	LONGLEAF KANON HOA, Inc.	#100
DATE <u>4/26/05</u>		63-553/630
PAY TO THE ORDER OF <u>Florida Dept. of State</u>	\$ <u>61.25</u>	
<u>Sixty One & 25/100</u>	DOLLARS	
AMERICAN ENTERPRISE BANK JACKSONVILLE, FL		
MEMO <u>#NO4000001564</u>		

Here is a copy of our form (A/R) &
check for \$61.25. Both were mailed
4/26/05.

Please call me if you need any
other information.

Thanks.

Donna