


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000003536</b> 1. Entity Name <b>LONG LAKE ESTATES MAINTENANCE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>213 HOLLIS AVENUE PANAMA CITY, FL 32401</b>	Mailing Address <b>213 HOLLIS AVENUE PANAMA CITY, FL 32401</b>
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>39-1498093</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MOODY, JAMES R III 213 HOLLIS AVENUE PANAMA CITY, FL 32401</b>
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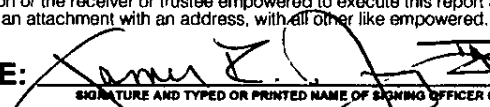
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAFFIN, BOB 3519 LOWE ST PANAMA CITY, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROLLINS, DANIEL B 4895 LAKE RIDGE RD CHIPLEY, FL 32428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MOODY, JAMES R III 213 HOLLIS AVENUE PANAMA CITY, FL 32401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000845445  
03/13/08-80039-010 61.25

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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1-11-08</b> <small>Date</small>	<b>850-832-0931</b> <small>Daytime Phone #</small>