

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009465

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** LONGLEAF CONDOMINIUM ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

2301 LONGLEAF BLVD.  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

2301 LONGLEAF BLVD.  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 20-2554012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINTERS, KATHLEEN A  
2655 LEJEUNE RD., 5TH FLOOR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MIRANDA, JOSEPH F  
**Address:** 2301 LONGLEAF BLVD.  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** SD  
**Name:** MIRANDA, SUSAN  
**Address:** 2301 LONGLEAF BLVD.  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** TD  
**Name:** MIRANDA, KRISTA  
**Address:** 2301 LONGLEAF BLVD STE 300  
**City-St-Zip:** LAKE WALES, FL 33853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSEPH F. MIRANDA

PD

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date