2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N06000003652

Entity Name: LONGLEAF COMPLEX ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2301 LONGLEAF BLVD.
SUITE 300
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

2301 LONGLEAF BLVD.
SUITE 300
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-2402435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WINTERS, KATHLEEN A
2655 LEJUENE ROAD
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: PTD ( ) Delete
Name: MIRANDA, JOSEPH F
Address: 2301 LONGLEAF BLVD. SUITE 300
City-St-Zip: LAKE WALES, FL 33859

Title: VD ( ) Delete
Name: HALL, KARLA
Address: 2301 LONGLEAF BLVD. SUITE 300
City-St-Zip: LAKE WALES, FL 33859

Title: SD ( ) Delete
Name: MIRANDA, SUSAN
Address: 2301 LONGLEAF BLVD. SUITE 300
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MIRANDA, KRISTA
Address: 2301 LONGLEAF BLVD. SUITE 300
City-St-Zip: LAKE WALES, FL 33859

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH F. MIRANDA PTD 06/30/2009

Electronic Signature of Signing Officer or Director — Date