

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10053

1. Entity Name

LONG POND LANDING PROPERTY OWNERS' ASSOCIATION, ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90003 022 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 321
 CHIEFLAND FL 32626
 US

P.O. BOX 321
 CHIEFLAND FL 32626
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOYLMAN, DEAN H
 2556 65TH AVE S
 ST PETERSBURG FL 33712

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.

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

~~TITLE PD
 NAME ROSKO, GEORGE Delete
 STREET ADDRESS 104 NORTH MAIN STREET, SUITE 300
 CITY-ST-ZIP GAINESVILLE FL~~

Change Addition

~~TITLE VPD- President
 NAME HOYLMAN, DEAN H Delete
 STREET ADDRESS 2556 65TH AVE S
 CITY-ST-ZIP ST PETERSBURG FL 33712~~

Change Addition

~~TITLE VD
 NAME THOMPSON, FREDERICK Delete
 STREET ADDRESS 104 NORTH MAIN STREET, SUITE 300
 CITY-ST-ZIP GAINESVILLE FL~~

TITLE VPD Change Addition
 NAME Joseph Tyner
 STREET ADDRESS 490 SW 25th St.
 CITY-ST-ZIP Chiefland, Fla. 32626

~~TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP~~

TITLE SD Change Addition
 NAME Catherine Schreppel
 STREET ADDRESS 5351 N.W. 88th St.
 CITY-ST-ZIP Chiefland, Fla. 32626

~~TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP~~

TITLE TD Change Addition
 NAME Kathleen Defeo
 STREET ADDRESS 2225 SW 5th St.
 CITY-ST-ZIP Chiefland, Fla. 32626

~~TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP~~

Change 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 reports 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 registered trustee or director of the trust; and that I have prepared 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 and all other like information.

SIGNATURE: Dean H. Hoylman **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-2000

Date

727-866-8167

Daytime Phone #

CR2E037 15/00