

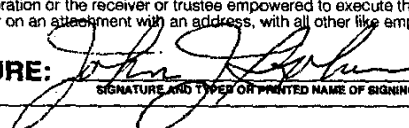


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90010 001 ****61.25

DOCUMENT # N10053					
1. Entity Name LONG POND LANDING PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 321 CHIEFLAND, FL 32626 US			Mailing Address 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			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 John Bohan Street Address (P.O. Box Number is Not Acceptable) 5351 NW 88th Street City Chiefland FL Zip Code 32626		
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 				DATE 1/7/04	
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYLMAN, DEAN H		NAME	JOHN BOHAN	
STREET ADDRESS	2556 65TH AVE S		STREET ADDRESS	5351 NW 88th ST	
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, JOSEPH		NAME	DAVID RODEN	
STREET ADDRESS	490 SW 25TH ST		STREET ADDRESS	8950 NW 51ST CT.	
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	Chiefland FL 32626	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREPPPEL, CATHERINE		NAME		
STREET ADDRESS	5351 N.W. 88TH ST		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLL, PEGGY		NAME	Roden, Nela	
STREET ADDRESS	8851 NW 50TH AVE.		STREET ADDRESS	8950 NW 51ST CT	
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	Chiefland FL 32626	
TITLE	PPM	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHAN, JOHN		NAME	Bohan, John	
STREET ADDRESS	5351 NW 88TH ST.		STREET ADDRESS	5351 NW 88th St.	
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	Chiefland FL 32626	
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	Bm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFEO, BILL		NAME	Smith, Bill	
STREET ADDRESS	2225 SW 5TH ST.		STREET ADDRESS	5850 NW 88th St.	
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	Chiefland FL 32626	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JOHN J BOHAN		DATE 1/07/04	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	