

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90052 044 ****70.00

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

40044807



2. Principal Place of Business
 Suits, Apt., #, etc.

3. Mailing Address
 Suits, Apt., #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired
\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name **JOHN T BOHAN**
 Street Address (P.O. Box Number is Not Acceptable)
5351 NW 88th ST
 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 *John T Bohan* **JOHN T BOHAN** **PRESIDENT** DATE **4/1/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 4, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOHAN, JOHN 5351 NW 88TH CT CHIEFLAND, FL 32626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO RODEN, DAVID 8950 NW 51ST CT CHIEFLAND, FL 32626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHREPPPEL, CATHERINE 5351 N.W. 88TH ST CHIEFLAND, FL 32626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADEN, NELA 8950 NW 51ST CT CHIEFLAND, FL 32626	<input type="checkbox"/> Delete name misspelled
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHAN, JOHN 5351 NW 88TH ST. CHIEFLAND, FL 32626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SMITH, BILL 5850 NW 88TH ST CHIEFLAND, FL 32626	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOLA RODEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 T Bohan* **JOHN T BOHAN** DATE **4/1/05** 352-490-8622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #