


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90009 050 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01312006 Chg-NP CR2E037 (11/05)	
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	
BOHAN, JOHN J 5351 NW 88TH STREET CHIEFLAND, FL 32626				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOHAN, JOHN	NAME			
STREET ADDRESS	5351 NW 88TH CT	STREET ADDRESS			
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODEN, DAVID	NAME			
STREET ADDRESS	8950 NW 51ST CT	STREET ADDRESS			
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP			
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 type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODEN, NOLA	NAME	TD		
STREET ADDRESS	8950 NW 51ST CT	STREET ADDRESS	JANE DUEHLING		
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP	8650 NW 52 AVE		
			CHIEFLAND FL 32626		
TITLE	PD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOHAN, JOHN	NAME			
STREET ADDRESS	5351 NW 88TH ST.	STREET ADDRESS			
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP			
TITLE	BM <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BILL	NAME			
STREET ADDRESS	5850 NW 88TH ST	STREET ADDRESS			
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>John Bohan</i>		Date: <i>2/14/06</i>		Daytime Phone #: <i>352-490-8622</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	