2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10053

FILED Mar 19, 2009 Secretary of State

Entity Name: LONG POND LANDING PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			İ	New Principal Place of Business:		
P.O. BOX 3 CHIEFLAN	321 D, FL 32626	US		8650 NW 52 AVE CHIEFLAND, FL 32626	US	
Current Mailing Address:				New Mailing Address:		
P.O. BOX 3 CHIEFLAN	321 D, FL 32626	US				
FEI Number:		FEI Number Applied For ()	FEI Numl	ber Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DUEHRING 8650 NW 3 CHIEFLAN		US		DUEHRING, JANE 8650 NW 52 AVE CHIEFLAND, FL 32626	US	
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:					03/19/2009	
Electronic Signature of Registered Agent Date						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BM () E BOHAN, JOHN 5351 NW 88TH S CHIEFLAND, FL		1	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () E MOLL, DAN 8851 NW 50TH A CHIEFLAND, FL		1	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	SD ()E MOLL, MARGARI 8851 NW 5OTH A CHIEFLAND, FL	AVE	1	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () DUEHRING, JANI 8650 NW 52 AVE CHIEFLAND, FL		1	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	BM () E SMITH, BILL 5850 NW 88TH S CHIEFLAND, FL		1	Title: (Name: Address: City-St-Zip:) Change ()Addition	

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: JANE M DUEHRING TD 03/19/2009