2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10053

1. Entity Name

LONG POND LANDING PROPERTY OWNERS' ASSOCIATION, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90247 006 ****61.25

INC.										
P.O. BOX 321 P.O.				Mailing Address P.O. BOX 321 CHIEFLAND FL 32626 IS				. 8 8 8 11 8 8 12 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	(1 8 18 18 18 18 18 18 18 18 18 18 18 18 18	
2. Principal Place of Business 3.				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip Country			Zi	p	Cou	ntry	5. Certificate of Status Desired See Required			ditional
6. Name and Address of Current Ro				ed Agent	L		7. Name and Address of New Registered Agent			
	01,110,110	****	g			Name	u uza e de de de			
HOYLMAN, DEAN H 2556 65TH AVE S						Street Address	s (P.O. Box Number is No	ot Acceptable)		
ST PETERSBURG FL 33712										
						City		FL	Zip Code	е
		submits this statement fo	or the purp	oose of changing its	registere	ed office or regist	ered agent, or both, in the	ne State of Florida. I am	familiar with,	and accept
the obligat	tions of registe	red agent.								
	11-01	اري ويون ميوند منسوع الله الله الله الله الله الله الله الل								
SIGNATURE .		printed name of registered agent	and title if ap	plicable (NOT	E: Registere	d Agent signature requir	red when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Carr Trust Fund C							\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10		OFFICERS AND DI	DECTOR		11.		ADDITIONS (CHANGE	S TO OFFICERS AND DI	RECTORS IN	L 10
TITLE	IPD	OFFICERS AND DI	RECTORS	Delete	TITLE		ADDITIONS/CHANGE	3 TO OFFICERS AND DI	Change	Addition
NAME	HOYLMAN,	DEAN H		D Delete	NAM	1			_ v.i.a.i.g.	
STREET ADDRESS	2556 65TH				STRE	ET ADDRESS				
CITY-ST-ZIP	1	BURG FL 33712			CITY	-ST-ZIP				
TITLE	VPD			☐ Delete	TITLE				Change	Addition
NAME	TYNER, JOS				NAM					Ì
STREET ADDRESS	490 SW 25					ET ADDRESS				
CITY-ST-ZIP	CHIEFLAND	FL 32020	<u> </u>		_	-ST-ZIP			FT 01	
TITLE NAME	T	L, CATHERINE		- Delete	NAM	-1	* **. ,		Change	Addition
STREET ADDRESS	5351 N.W.	•				ET ADDRESS				
CITY-ST-ZIP	CHIEFLAND					-ST-ZIP				
TITLE	TD			☐ Delete	TITLE		· 		☐ Change	Addition
NAME	MOLL, PEG	GY			NAM	E				
STREET ADDRESS	8851 NW 5				STRE	ET ADDRESS				
CITY-ST-ZIP	CHIEFLAND	FL 32626			CITY	-ST-ZIP				
TITLE	PPM	. 16.1		☐ Delete	TITLE	I			☐ Change	☐ Addition
NAME	BOHAN, JO				NAM	I				ĺ
STREET ADDRESS CITY-ST-ZIP	5351 NW 8					ET ADDRESS - ST-ZIP				
	CHIEFLAND BM	FL 32020								
TITLE NAME	DEFEO, BIL	l		☐ Delete	TITLE	ŀ			☐ Change	☐ Addition
STREET ADDRESS	2225 SW 5					et address		•		
CITY-ST-ZIP	CHIEFLAND					-ST-ZIP				
12. I hereby o	·		n this filing	does not qualify for	r the exe	motion stated in 9	Section 119.07(3)(i). Flor	ida Statutes. I further cei	rtify that the ir	nformation

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:

(KIGGYAW) FU REQUIDED

2/6/03

352-493-0006