


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90008 049 ****61.25

| | |
|--|---|
| DOCUMENT # N13170 1. Entity Name LONGPOINT I CONDOMINIUM ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 6700 OAK SHORE DR. UNIT 311 PANAMA CITY FL 32404 US | Mailing Address 6700 OAK SHORE DR. UNIT 311 PANAMA CITY FL 32404 US |
|---|---|

40006652



1st MOORE CR2E037 (10/04)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2861942 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

| | | | | |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|

6. Name and Address of Current Registered Agent

**SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

--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 _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAZZEL, DONALD <input checked="" type="checkbox"/> Delete 6700 OAKSHORE DR #102 PANAMA CITY FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FILSINGER, JEANINE <input type="checkbox"/> Delete 6700 OAKSHORE DR #101 PANAMA CITY FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GODWIN, RALEIGH <input type="checkbox"/> Delete 6700 OAK SHORE DRIVE #304 PANAMA CITY FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BAZZEL, ROBBIE <input checked="" type="checkbox"/> Delete 6700 OAK SHORE DRIVE #102 PANAMA CITY FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, ONWARD <input type="checkbox"/> Delete 6700 OAKSHORE DR UNIT 310 PANAMA CITY FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GEORGE, LESTER <input type="checkbox"/> Delete 6700 OAKSHORE DR #307 PARKER FL 32404 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD VAN ASTON CHRIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6700 OAK SHORE DR #308 PANAMA CITY, FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-MOORE MELANIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5802 BAY FRONT DR PANAMA CITY, FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NOEL, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6700 OAK SHORE DR #202 PANAMA CITY FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S-BAZZEL, Robbie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 219 Breampond Rd South Port, FL 32409 |
| 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: Raleigh Godwin Raleigh Godwin 1/13/05 (850)874-2511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #