

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13177

FILED
Mar 12, 2009
Secretary of State

Entity Name: LONG LAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7407 LITTLE POND CT
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

7407 LITTLE POND CT
ORLANDO, FL 32810 US

New Mailing Address:

860 NORTH S.R. 434,
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2665231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPILLAS, PATRICIA
7433 COVINA CT
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

CAMPBELL, MARILYN C P
860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 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: MARILYN C. CAMPBELL

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMELKO, CHERI
Address: 7407 LITTLE POND CT.
City-St-Zip: ORLANDO, FL 32810

Title: V () Delete
Name: BROOKS, JENNIFER
Address: 7579 GROVEOAK DR.
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: SOTO, PATRICIA
Address: 7433 COVINA COURT
City-St-Zip: ORLANDO, FL 32810

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMELKO, CHERI P
Address: 7407 LITTLE POND CT.
City-St-Zip: ORLANDO, FL 32810 US

Title: VP (X) Change () Addition
Name: BROOKS, JENNIFER VP
Address: 7579 GROVEOAK DR.
City-St-Zip: ORLANDO, FL 32810 US

Title: ST (X) Change () Addition
Name: SOTO, PATRICIA ST
Address: 7433 COVINA COURT
City-St-Zip: ORLANDO, FL 32810 US

Title: MGR () Change (X) Addition
Name: HERNQUIST, EDITH A MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: EDITH A. HERNQUIST

MGR

03/12/2009

Electronic Signature of Signing Officer or Director

Date