

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 12, 2009
Secretary of State

DOCUMENT# N13177

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:**7579 GROVE OAK COURT
ORLANDO, FL 32810 US**Current Mailing Address:**860 NORTH S.R. 434,
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US**New Mailing Address:****FEI Number:** 59-2665231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMPBELL, MARILYN C P
860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: SMELKO, CHERI P
Address: 7407 LITTLE POND CT.
City-St-Zip: ORLANDO, FL 32810 US**Title:** VP () Delete
Name: BROOKS, JENNIFER VP
Address: 7579 GROVE OAK DR.
City-St-Zip: ORLANDO, FL 32810 US**Title:** ST () Delete
Name: SOTO, PATRICIA ST
Address: 7433 COVINA COURT
City-St-Zip: ORLANDO, FL 32810 US**Title:** MGR () Delete
Name: HERNQUIST, EDITH A MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: BROOKS, JENNIFER P
Address: 7579 GROVE OAK DR.
City-St-Zip: ORLANDO, FL 32810 US**Title:** VP (X) Change () Addition
Name: SOTO, PATRICIA VP
Address: 7433 COVINA COURT
City-St-Zip: ORLANDO, FL 32810 US**Title:** ST (X) Change () Addition
Name: ROBERTS, BELINDA ST
Address: 7452 COVINA COURT
City-St-Zip: ORLANDO, FL 32810 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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

05/12/2009

Electronic Signature of Signing Officer or Director

Date