

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13177

FILED
Feb 02, 2010
Secretary of State

Entity Name: LONG LAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7579 GROVE OAK COURT
ORLANDO, FL 32810 US

New Principal Place of Business:

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
Name: BROOKS, JENNIFER
Address: 7579 GROVE OAK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: VP
Name: ROBERTS, AVON
Address: 7452 COVINA COURT
City-St-Zip: ORLANDO, FL 32810 US

Title: S
Name: ROBERTS, BELINDA
Address: 7452 COVINA COURT
City-St-Zip: ORLANDO, FL 32810 US

Title: T
Name: LEWIS, NATALIE
Address: 7570 GROVE OAK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: D
Name: POLEN, CHARLES
Address: 7477 GROVE OAK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

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

I hereby 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 all other like empowered.

SIGNATURE: EDITH A. HERNQUIST

MGR

02/02/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date