

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13177

FILED  
Mar 24, 2011  
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: S/T  
Name: WATSON, MARIA  
Address: 7599 GROVE OAK DR  
City-St-Zip: ORLANDO, FL 32810 US

Title: VP  
Name: POLEN, CHARLES  
Address: 7477 GROCE OAK DR  
City-St-Zip: ORLANDO, FL 32810 US

Title: MGR  
Name: HERNQUIST, EDITH A  
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 HERNQUIST

MGR

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date