

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # N13997

1. Entity Name
**Longbrooke Subdivision Homeowners'
Association, Inc.**



Principal Place of Business

**3072 Longbrooke Way
C/O Peggy Lepzinski
Clearwater, FL 33760 US**

Mailing Address

**3072 Longbrooke Way
C/O Peggy Lepzinski
Clearwater, FL 33760 US**



01132004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-2778389

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEPZINSKI, PEGGY
3072 Longbrooke Way
Clearwater, FL 33760**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
RUECHEL, AL
2994 Longbrooke Way
Clearwater, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DENNIS, JOHN
2913 Longbrooke Way
Clearwater, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
LEPZINSKI, PEGGY
3072 Longbrooke Way
Clearwater, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BENDER, BONNIE
2953 Longbrooke Way
Clearwater, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000009152
01/20/04-80094-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Peggy Lepzinski Peggy Lepzinski 1-15-04 727-5366839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #