

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28389

FILED
Apr 29, 2005
Secretary of State

Entity Name: ESTATES OF LONGWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3702 PROMENADE WAY
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

3702 PROMENADE WAY
FORT PIERCE, FL 34982 US

New Mailing Address:

3715 TANAGER PLACE
FORT PIERCE, FL 34982 US

FEI Number: 65-0126768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L
3702 PROMENADE WAY
STUART, FL 34994 US

Name and Address of New Registered Agent:

CORNETT, JANE L
401 EAST OSCEOLA STREET
STUART, FL 34994 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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BREWER, ROBERT C
Address: 3702 PROMENADE WAY
City-St-Zip: FORT PIERCE, FL 34982

Title: VD () Delete
Name: BAUSHER, MICHAEL
Address: 1819 HAZELWOOD DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: PAYNE, KEVIN M
Address: 3715 TANAGER PL
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: ADELINA, LAMOS
Address: 3603 PROMENADE WAY
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete
Name: ANGELOS, NARKY
Address: 1810 HAZELWOOD DR
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ANGELOS, NANCY
Address: 1810 HAZELWOOD DR
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN M. PAYNE

T

04/29/2005

Electronic Signature of Signing Officer or Director

Date