

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28389

FILED  
May 16, 2007  
Secretary of State

**Entity Name:** ESTATES OF LONGWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3715 TANAGER PLACE  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

3715 TANAGER PLACE  
FORT PIERCE, FL 34982 US

**New Mailing Address:**

**FEI Number:** 65-0126768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORNETT, JANE L  
401 EAST OSCEOLA STREET  
STUART, FL 34994 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: PD ( ) Delete  
Name: PAYNE, KEVIN M  
Address: 3715 TANAGER PLACE  
City-St-Zip: FORT PIERCE, FL 34982

Title: VD ( ) Delete  
Name: BURNS, STEVE  
Address: 1805 HAZELWOOD DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Delete  
Name: WILLBUR, DAVID  
Address: 3703 TANAGER PLACE  
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, NANCY  
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: ( ) 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: KEVIN M. PAYNE

P

05/16/2007

Electronic Signature of Signing Officer or Director

Date