

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 28 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30668

1. Entity Name

LONG LEAF PLANTATION HOME OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

504 Black Ironwood Drive

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 766

Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

59-2931128

Applied For

Not Applicable

Zip

32724

Country

Volusia

Zip

32721-0766

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kirk T. Bauer

Street Address (P.O. Box Number is Not Acceptable)

223 S. Woodland Blvd.

City

DeLand,

FL

Zip Code

32720

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/02

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D MONACO, JOYCE M. 504 Black Ironwood Drive DeLand, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	910.00-Adm 61.25-AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D DERSTINE, RONALD M. 921 Torchwood Drive DeLand, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005754427--5 -06/11/02--01106--017 ****971.25 ****971.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SMITH, SUSAN A. 925 Torchwood Drive DeLand, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BEAR, LYNN E. 1057 Torchwood Drive DeLand, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISSOM, KENNETH W. 1061 Torchwood Drive DeLand, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, KEITH R. 864 Torchwood Drive DeLand, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/02

CR2E037B (12/01)