

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90031 033 \*\*\*\*61.25

<b>DOCUMENT # N30668</b> 1. Entity Name <b>LONG LEAF PLANTATION HOME OWNERS ASSOCIATION, INC.</b>																																																																																																																																																											
Principal Place of Business <b>% RUSSEL J. GRANT 504 BLACK IRONWOOD DRIVE DELAND FL, 32724</b>			Mailing Address <b>PO BOX 766 DELAND, FL 32721-0766</b>																																																																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																																																																									
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City & State		City & State																																																																																																																																																									
Zip	Country	Zip	Country	01302005 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-2931128</b>																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																							
<b>BAUR, KIRK T 223 S WOODLAND BLVD DELAND, FL 32720</b>				Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																							
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.				FL Zip Code																																																																																																																																																							
SIGNATURE _____				DATE _____																																																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																																																							
				\$5.00 May Be Added to Fees																																																																																																																																																							
				Make check payable to Florida Department of State																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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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: <u>Carole L. Sustak</u> <b>CAROLE L. SUSTAK</b> <b>2-1-05</b> <b>407 444-7613</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											