



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90169 036 \*\*\*\*61.25

<b>DOCUMENT # N30668</b> 1. Entity Name LONG LEAF PLANTATION HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business % RUSSEL J. GRANT 504 BLACK IRONWOOD DRIVE DELAND FL, 32724				Mailing Address PO BOX 766 DELAND, FL 32721-0766	
2. Principal Place of Business RONALD SIMONIC Suite, Apt. #, etc. 914 TORCHWOOD DR.		3. Mailing Address Suite, Apt. #, etc.			
City & State DELAND FL		City & State		4. FEI Number 59-2931128	
Zip 32724		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUR, KIRK T 223 S WOODLAND BLVD DELAND, FL 32720				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MONACO, JOYCE 504 BLACK IRONWOOD DRIVE DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT LENHOLT 719 TORCHWOOD DR. DELAND, FL 32724	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DERSTINE, RONALD M 921 TORCHWOOD DRIVE DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMONIC, RONALD 914 TORCHWOOD DR DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSTAK, CAROLE 922 TORCHWOOD DR. DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISSOM, KENNETH W 1061 TORCHWOOD DRIVE DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC STUMPF, ANNE 978 TORCHWOOD DR. DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: CAROLE SUSTAK, TREA.</b> <i>Carole A. Sustak</i> 1-7-06 407 444-7613					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					