

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30668

FILED
Jan 24, 2009
Secretary of State

Entity Name: LONG LEAF PLANTATION HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CAROLE SUSTAK
922 TORCHWOOD DR
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

PO BOX 766
DELAND, FL 327210766

New Mailing Address:

FEI Number: 59-2931128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, KIRK T
223 S WOODLAND BLVD
DELAND, FL 32720 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: P () Delete
Name: HANSON, GREGORY
Address: 694 BLACK IRONWOOD DR
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: SUSTAK, CAROLE
Address: 922 TORCHWOOD DR
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: ROEDER, NANCY
Address: 954 TORCHWOOD DR
City-St-Zip: DELAND, FL 32724

Title: VC () Delete
Name: TUCKER, SYLVIA
Address: 839 TORCHWOOD DR
City-St-Zip: DELAND, FL 32724

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: VC (X) Change () Addition
Name: CAIRNS, CHRIS
Address: 938 TORCHWOOD DR
City-St-Zip: DELAND, FL 32724

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: CAROLE L. SUSTAK

TREA

01/24/2009

Electronic Signature of Signing Officer or Director

Date