

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30668

**FILED**  
**Jan 17, 2010**  
**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  
Name: HERMANN, JAMES  
Address: 1669 WILD INDIGO DRIVE  
City-St-Zip: DELAND, FL 32724

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

Title: SD  
Name: CHRIS, CAIRNS  
Address: 938 TORCHWOOD DR  
City-St-Zip: DELAND, FL 32724

Title: VC  
Name: HANSON, GREG  
Address: 694 BLACK IRONWOOD DRIVE  
City-St-Zip: DELAND, FL 32724

I hereby 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 all other like empowered.

SIGNATURE: CAROLE SUSTAK

TREA

01/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date