

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30668

FILED  
Jan 09, 2012  
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:**

MATTHEW LEONARD  
970 TORCHWOOD DR  
DELAND, FL 32724

**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 (X)

**Name and Address of Current Registered Agent:**

STONESTREET, DAUPHNE  
150 S. HIGHWAY 17-92  
STE. 2  
DEBARY, FL 32753 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: DERSTINE, RONALD  
Address: 921 TORCHWOOD DRIVE  
City-St-Zip: DELAND, FL 32724

Title: T  
Name: LEONARD, MATTHEW I  
Address: 970 TORCHWOOD DR  
City-St-Zip: DELAND, FL 32724

Title: S  
Name: ACQUARO, NADA  
Address: 959 TORCHWOOD DR  
City-St-Zip: DELAND, FL 32724

Title: VC  
Name: MONACO, JOYCE  
Address: 504 BLACK IRONWOOD DR  
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: MATTHEW LEONARD

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01/09/2012

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

\_\_\_\_\_  
Date