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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46221

1. Entity Name
LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.

FILED
04 JAN 15 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
233 VIOLET DR SANIBEL, FL 33957	233 VIOLET DR SANIBEL, FL 33957

01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3107657
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, JAMES L
233 VIOLET DRIVE
SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

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.

400027769834
01/29/04--01025--023 **61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FENDELMAN, BURT
STREET ADDRESS	60 GRAMERCY PARK NORTH, GA
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	DV
NAME	BRAUN, JACK
STREET ADDRESS	19390 PARK AVE
CITY-ST-ZIP	DEEPHAVEN, MN 55391
TITLE	D
NAME	DUVAL, PAUL
STREET ADDRESS	241 VIOLET DR.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	DST
NAME	REYNOLDS, JAMES
STREET ADDRESS	233 VIOLET DR
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	KRUZICH, JOSEPH A
STREET ADDRESS	209 VIOLET DR
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: See attached _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Document Number
N46221
Business Entity Name
LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.

FEI Number: 593107657

FEI Number Status: O Applied For O Not Applicable ◉ Current

Certificate of Status Desired: O Yes ◉ No $8.75 each

Principal Place of Business

Address	233 VIOLET DR
Suite, Apt. #, etc.	
City, State	SANIBEL, FL
Zip Code & Country	33957

Mailing Address

Address	233 VIOLET DR
Suite, Apt. #, etc.	
City, State	SANIBEL, FL
Zip Code & Country	33957

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	REYNOLDS, JAMES, L,
-or- RA Business Name	
Address	233 VIOLET DRIVE
Suite, Apt. #, etc.	
City, State	SANIBEL, FL
Zip Code & Country	33957

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Document Number
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Business Entity Name
LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

Officer/Director Name And Address

Title	PD				
Name (Last, First, Middle, Title)	FENDELMAN	BURT			
-or- Entity Name					
Street Address	60 GRAMERCY PARK NORTH, GA				
City, State	NEW YORK	NY			
Zip Code & Country	10010				

Title	DV				
Name (Last, First, Middle, Title)	BRAUN	JACK			
-or- Entity Name					
Street Address	19390 PARK AVE				
City, State	DEEPHAVEN	MN			
Zip Code & Country	55391				

Title	D				
Name (Last, First, Middle, Title)	DUVAL	PAUL			
-or- Entity Name					
Street Address	241 VIOLET DR.				
City, State	SANIBEL	FL			
Zip Code & Country	33957				

Title	DST				
Name (Last, First, Middle, Title)	REYNOLDS	JAMES			
-or- Entity Name					
Street Address	233 VIOLET DR				
City, State	SANIBEL	FL			
Zip Code & Country	33957				

Title	D
Name (Last, First, Middle, Title)	KRUZICH, JOSEPH, A,
-or- Entity Name	
Street Address	209 VIOLET DR
City, State	SANIBEL, FL
Zip Code & Country	33957

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

O **List more than six Officers/Directors** ◉ **No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	DST
Officer/Director Signature	JAMES L. REYNOLDS

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