

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000964

1. Entity Name

**LONG BRANCH CREEK HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business

**2828 BRANCH CREEK AVE
CLEARWATER, FL 33760 US**

Mailing Address

**2828 BRANCH CREEK AVE
CLEARWATER, FL 33760 US**



01152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0584146

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MASCARA, ERNEST L
877 EXECUTIVE CENTER DR SUITE 303
ST PETERSBURG, FL 33702**

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when recasting.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACOBSON, JOANN
STREET ADDRESS 2823 BRANCH CREEK AVE
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE VD
NAME MORRIS, LARRY
STREET ADDRESS 2039 BRANCH CREEK AVE
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE SD
NAME EVANS, SUZANNE
STREET ADDRESS 2027 LONG BRANCH LANE
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE TD
NAME O'NEILL, COLLEEN
STREET ADDRESS 2828 BRANCH CREEK AVE
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000496397
04/22/06 20037-002 70.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colleen O'Neill
Date **April 5/06** 727-523-1002
Daytime Phone #