

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90153 048 ****61.25

DOCUMENT # N95000002411

1. Entity Name
LANGDALE WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5401 S. KIRKMAN RD., #450
ORLANDO, FL 32819**

Mailing Address
**5401 S. KIRKMAN RD., #450
ORLANDO, FL 32819**

50024153



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02072005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3705345

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY MGMT PROFESSIONALS INC.
5401 KIRKMAN RD STE. 475
ORLANDO, FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BURELL, WILLIE
STREET ADDRESS 4764 LANGDALE DRIVE
CITY - ST - ZIP ORLANDO, FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP ☒ Delete
NAME JOHNSON, BETTY
STREET ADDRESS 4448 BLEASDALE AVE
CITY - ST - ZIP ORLANDO, FL 32808

TITLE VP ☐ Change ☒ Addition
NAME Karen Colbart
STREET ADDRESS 4756 Langdale Drive
CITY - ST - ZIP Orlando, FL 32808

TITLE TD ☐ Delete
NAME STYS, GARY
STREET ADDRESS 4747 LANGDALE DRIVE
CITY - ST - ZIP ORLANDO, FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 (407) 445-4592