## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N95000002411

1. Entity Name LANGDALE WOODS HOMEOWNERS ASSOCIATION, INC.





FILED	
Feb 25, 2008 8:00	am
Secretary of Stat	e

02-25-2008 90058 001 \*\*\*\*61.25

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5401 S. KIRKMAN RD., #450 540			g Address S. KIRKMAN RD., NDO, FL 32819	#450			 1818: 1811: 1811: 1811: 181		<b>               </b>	B)(B) B) (C))	
Principal Place of Business - No P.O. Box #     Mailing Address											
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			01082008	Chg-NP	CR2E03	7 (12/06)		
City & State C		Cit	City & State		4. FEI Number 59-3705		_ <del></del>		oplied For		
Zip Country Zip		Country			5. Certificate o	of Status Desired		8.75 Add	ditional		
6. Name and Address of Current Registere			d Agent			7. Name and A	Address of New F	Registered A	gent		
COMMEN	ITV NACINAT	T PDOEESSIONAL	C INC	-	Nam	ie					
COMMUNITY MGMT PROFESSIONALS INC. 5401 KIRKMAN RD STE. 475 ORLANDO, FL 32819				Stree	et Address (	(P.O. Box Number	is Not Acceptable	e)			
					City		<del></del>	<del></del>		Zip Cod	le .
					1				FL		
the obligat . SIGNATURE .	tions of regist	y submits this statement ered agent.  or printed name of registered age			registered offic			i, in the State of Fl	orida. I am fa	amiliar with,	and accept
						· ·	<del>-</del>	F			
		e is \$61.25		9. Election Car	ոpaign Financir	ng	\$5.00 May Be	N	lake check	payable t	O minima
	Due by M	lay 1, 2008	i	Trust Fund (	Contribution.		Added to Fees	Floi	ida Depart	ment of S	tate . `
10.	Due by M	OFFICERS AND D	DIRECTORS	Trust Fund (	Contribution.			Floi	rida Departi		· ·
10.	Due by M	<u> </u>	DIRECTORS	Trust Fund (			Added to Fees	Floi	rida Departi RS AND DIR		· ·
	<u> </u>	OFFICERS AND D	DIRECTORS		11.		Added to Fees	Floi	rida Departi RS AND DIR	ECTORS IN	l 10
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Indicated on this report or supplied with this filling does not quality 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: L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11-08: 721-332-2632

Daytime Phone #