

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-10-2005 90128 021 ****61.25

DOCUMENT # N95000005529					
1. Entity Name THE GOLF CONDOMINIUMS AT LONGPOND VILLAGE ASSOCIATION, INC.					
Principal Place of Business C/O HENKE PROPERTY MGT. 6213-A PRESIDENTIAL CT. FORT MYERS, FL 33919			Mailing Address C/O HENKE PROPERTY MGT. 6213-A PRESIDENTIAL CT. FORT MYERS, FL 33919		
2. Principal Place of Business 6238 Presidential CT Suite, Apt. #, etc. Suite 1		3. Mailing Address PO Box 60195 Suite, Apt. #, etc.			
City & State Ft Myers FL		City & State Ft Myers FL		4. FEI Number 65-0780125	
Zip 33919		Zip 33906		Country US	
6. Name and Address of Current Registered Agent HENKE, CAROL J 6213-A PRESIDENTIAL CT. FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name: Jonathan McLaughlin Street Address (P.O. Box Number is Not Acceptable): 6238 Presidential CT Suite 1 City: Ft Myers FL Zip Code: 33919	
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: <u>/A McLaughlin, CAM.</u> DATE: <u>03/03/05</u> <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPINNELL, MAUREEN 14971 RIVERS EDGE CT # 101 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEOUGH, CHARLES 14999 RIVERS EDGE #203 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POHL, MICHAEL 14971 RIVERS EDGE #204 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>/A McLaughlin</u> DATE: <u>03/03/05</u> DAYTIME PHONE: <u>239-275-8320</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					