2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005529

FILED Apr 24, 2006 Secretary of State

Entity Name: THE GOLF CONDOMINIUMS AT LONGPOND VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6238 PRESIDENTIAL CT 7680 CAMBRIDGE MANOR PLACE

SUITE 1 SUITE 101

FORT MYERS, FL 33919 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

P.O. BOX 60195

FORT MYERS, FL 33906

FEI Number: 65-0780125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCHOUGHLIN, JONATHAN CROKER, ANTHONY MR.

6238 PRESIDENTIAL CT 7680 CAMBRIDGE MANOR PLACE

SUITE 1 SUITE 101

FORT MYERS, FL 33919 US FORT MYERS, FL 33907 US

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.

SIGNATURE: ANTHONY CROKER 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 SPINNELL, MAUREEN
 Name:
 KEOUGH, CHARLES M MR.

 Address:
 14971 RIVERS EDGE CT # 101
 Address:
 1499 RIVERS EDGE COURT, #203

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Title: STD () Delete Title: (X) Change () Addition KEOUGH, CHARLES Name: RUFFINO, STEVEN MR. Name: Address: 14999 RIVERS EDGE #203 Address: 14999 RIVERS EDGE #103 City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete Title: (X) Change () Addition POHL, MICHAEL TENGWALL, BENJAMIN MR. Name: Name: 14971 RIVERS EDGE #204 14971 RIVERS EDGE #203 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. KEOUGH PD 04/24/2006