

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 046 ****61.25

DOCUMENT # N95000005529													
1. Entity Name THE GOLF CONDOMINIUMS AT LONGPOND VILLAGE ASSOCIATION, INC.													
Principal Place of Business 7228 EMILY DRIVE FORT MYERS, FL 33908			Mailing Address P.O. BOX 08065 FORT MYERS, FL 33908										
2. Principal Place of Business - No P.O. Box # 711 Tarpon Bay Rd		3. Mailing Address P.O. Box 150											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State Sanibel FL		City & State Sanibel FL		4. FEI Number 65-0780125									
Zip 33957		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent SPRAGUE, JEAN MS. 7228 EMILY DRIVE FORT MYERS, FL 33908			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name Steven Mackesy</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 711 Tarpon Bay Rd</td> </tr> <tr> <td style="padding: 5px;">City Sanibel</td> <td style="padding: 5px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Zip Code 33957</td> </tr> </table>			Name Steven Mackesy		Street Address (P.O. Box Number is Not Acceptable) 711 Tarpon Bay Rd		City Sanibel	FL	Zip Code 33957	
Name Steven Mackesy													
Street Address (P.O. Box Number is Not Acceptable) 711 Tarpon Bay Rd													
City Sanibel	FL												
Zip Code 33957													
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		Steven Mackesy		3/26/08									
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, 2008		9. Election Campaign Financing <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 PD	NAME POHL, MICHAEL MR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS 14971 RIVERS EDGE COURT, #204	CITY-ST-ZIP FORT MYERS, FL 33908		STREET ADDRESS	CITY-ST-ZIP									
TITLE STD	NAME RUFFINO, STEVEN MR.	<input checked="" type="checkbox"/> Delete	TITLE SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
STREET ADDRESS 14999 RIVERS EDGE #103	CITY-ST-ZIP FORT MYERS, FL 33908		STREET ADDRESS 708 Genevieve Dr	CITY-ST-ZIP Mechanicsburg PA. 17055									
TITLE TD	NAME SCHROEDER, HOWARD DR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS 14971 RIVERS EDGE #105	CITY-ST-ZIP FORT MYERS, FL 33908		STREET ADDRESS	CITY-ST-ZIP									
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP									
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP									
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP									
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:		Michael A. Pohl		3/4/2008									
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #									