

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005529

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

711 TARPON BAY ROAD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0780125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY ROAD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POHL, MICHAEL MR.
Address: 14971 RIVERS EDGE COURT, #204
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: PETERS, SANDRA
Address: 708 GENEVIEVE DRIVE
City-St-Zip: MECHANICSBURG, PA 17055

Title: TD () Delete
Name: SCHROEDER, HOWARD DR.
Address: 14971 RIVERS EDGE #105
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: SCHROEDER, HOWARD DR.
Address: 14971 RIVERS EDGE #105
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL POHL

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date