

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005529

FILED  
Mar 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ISLAND MANAGEMENT  
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  
C/O ISLAND MANAGEMENT  
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: VD  
Name: POHL, MICHAEL  
Address: 14971 RIVERS EDGE COURT, #204  
City-St-Zip: FORT MYERS, FL 33908

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

Title: PTD  
Name: SCHROEDER, HOWARD DR.  
Address: 14971 RIVERS EDGE COURT #105  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: DR HOWARD SCHROEDER

PD

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date