FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 N96000002364 (5) DOCUMENT #

LONGWOOD PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



151 SOUTHHALL LANE. SUITE 230 MAITLAND FL 32751		151 SOUTHHALL LANE. MAITLAND FL 32751-718			
				3. Date Incorporated or Qualified 3a 04/29/1996	. Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLETS FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	gible tax under s. 199.032,
24	9. Name and Address of Cur	29	30	Florida Statutes Yes 10. Name and Address of New Registe	
151 SOL MARTEAT	JIHALL LANE, SUITE 230 TO FL 32781 to the provisions of Sections 617.0 egistered agent or both A the St	1502 and 617 1508 Florida Sta	81 Name 82 Street Add 83 22 tutes, the above-named cores authorized by the corporation of the corporation	tress (P.O. Box Nymber is blot Apopulable) It is a The Hell It i	FL B5 35 Cope 3
SIGNATURE			Spar 1.	MANNE 7/	77/7/
12.		agent and title if applicable (h AND DIRECTORS	IOTE: Registered Agent signature requ	uired when reinstating) PDA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE		AND DIRECTORS IN 12 Change Addition
NAME	LEPERA, GREG	_	1.2 NAME		,
STREET ADDRESS	151 SOUTHHALL LANE, S	UITE 230	1.3 STREET ADDRESS		1
CHTY-ST-ZIP	MAITLAND FL 32751	0112 200	1.4 CITY-ST-ZIP		
TITLE	VD VD	DELETE	2.1 TITLE		Change Addition
NAME	KANE, MICHAEL		2.2 NAME		
STREET ADDRESS	151 SOUTHHALL LANE, S	UITE 230	2.3 STREET ADDRESS		
CHTY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP		Y
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	MATTHAI, KAROLINE		3.2 NAME		
STREET ADDRESS	151 SOUTHHALL LANE, S	UITE 230	3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-ST-ZIP		}
TITLE	/	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		Ĭ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do heret	by certify that the information supp	olied with this filing does not que	alify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I fu	orther certify that the

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 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone # 0014159