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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002364

1. Corporation Name

LONGWOOD PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

151 SOUTHWALL LANE, SUITE 230
MAITLAND FL 32751

Mailing Address

151 SOUTHWALL LANE, SUITE 230
MAITLAND FL 32751



2. Principal Place of Business

21 1416 Concord St. East

2a. Mailing Address

26 PO Box 531010

3. Date Incorporated or Qualified

04/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3444765

Applied For

Not Applicable

City & State

23 Orlando FL

City & State

28 Orlando FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 32803

Country

25 US

Zip

29 32853

Country

30 US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

The Melrose Management Group

83 1416 Concord Street East

84 City

Orlando

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/9/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD ☐ DELETE

NAME LEPERA, GREG

STREET ADDRESS 151 SOUTHWALL LANE, SUITE 230

CITY-ST-ZIP MAITLAND FL 32751

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☒ Change ☐ Addition

Lepera, Greg

385 Douglas Avenue, Ste. 2000

Altamonte Springs, FL 32714

TITLE VD ☐ DELETE

NAME KANE, MICHAEL

STREET ADDRESS 151 SOUTHWALL LANE, SUITE 230

CITY-ST-ZIP MAITLAND FL 32751

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☒ Change ☐ Addition

Kane, Michael

385 Douglas Avenue, Ste. 2000

Altamonte Springs, FL 32714

TITLE STD ☐ DELETE

NAME KAISER, DANA

STREET ADDRESS 151 SOUTHWALL LANE, SUITE 230

CITY-ST-ZIP MAITLAND FL 32751

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☒ Change ☐ Addition

Kaiser, Dana

385 Douglas Avenue, Ste. 2000

Altamonte Springs, FL 32714

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dana Kaiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

839-0086

Daytime Phone #

CR2E037 (11/98)