

2002 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED

Jul 09, 2002 8:00 am
Secretary of State

06-11-2002 90149 032 ****61.25

DOCUMENT # N96000002364

1. Entity Name

LONGWOOD PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

491 FREEMAN STREET
LONGWOOD FL 32750
US

P.O. BOX 520154
LONGWOOD FL 32750
US

38 J J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

466 FREEMAN STREET

City & State
LONGWOOD FL

City & State

4. FEI Number

59-3444765

Applied For

Not Applicable

Zip
32750

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINNIE, RICHARD
352 BALOGH PLACE
LONGWOOD FL 32750

Name DRUCILLA TILIAKOS

Street Address (P.O. Box Number is Not Acceptable)
466 FREEMAN STREET

City LONGWOOD

FL

Zip Code
32750

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.

SIGNATURE *Drucilla Tiliakos*

DRUCILLA TILIAKOS, PRES. 6/5/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME KINNIE, RICHARD A
STREET ADDRESS 352 BALOGH PLACE
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE P/PD
NAME DRUCILLA TILIAKOS
STREET ADDRESS 466 FREEMAN STREET
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Change ☒ Addition ☒ P/D

TITLE D
NAME GREENHALGH, JACK
STREET ADDRESS 357 BALOGH PLACE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE V/VB
NAME JACK GREENHALGH
STREET ADDRESS 357 BALOGH PLACE
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Change ☐ Addition ☒ V/D

TITLE D
NAME HALLADAY, KEN
STREET ADDRESS 381 BALOGH PLACE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE T
NAME KENNETH A HALLADAY
STREET ADDRESS 361 BALOGH PLACE
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Change ☐ Addition ☒ T/D

TITLE T
NAME MOORE, LARRY
STREET ADDRESS 523 FREEMAN STREET
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE S
NAME JACK VANDESTREEK
STREET ADDRESS 506 FREEMAN STREET
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change ☒ Addition ☒ S/D

TITLE S
NAME ROMBECK, KRISTEN
STREET ADDRESS 526 FREEMAN STREET
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE D
NAME BOB COLE
STREET ADDRESS 575 FREEMAN STREET
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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: *Drucilla Tiliakos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)