

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002364

1. Entity Name
**LONGWOOD PLANTATION HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**466 FREEMAN STREET
LONGWOOD, FL 32750 US**

Mailing Address
**P.O. BOX 520154
LONGWOOD, FL 32750 US**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444765

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENHALGH, JACK
357 BALOGH PLACE
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jack Greenhalgh

Jack Greenhalgh

1-9-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENHALGH, JACK
STREET ADDRESS	357 BALOGH PLACE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	TD
NAME	HALLADAY, KENNETH A
STREET ADDRESS	361 BALOGH PLACE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	SD
NAME	VANDESTREEK, JACK
STREET ADDRESS	506 FREEMAN STREET
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	VD
NAME	CETERA, GREG
STREET ADDRESS	590 FREEMAN STREET
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80056-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Kenneth A. Halladay
KENNETH A. HALLADAY

Date

Daytime Phone #

9 JAN 07 4072605108