

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005609

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** LONGWOOD CLUB HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 59-3474549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANAGA, MERIDYTHE  
2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703 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: D ( ) Delete  
Name: SULLIVAN, KATE  
Address: 994 BURLWOOD COURT  
City-St-Zip: LONGWOOD, FL 32750

Title: DS ( ) Delete  
Name: BOSHERS, SUSAN  
Address: 969 MOSS TREE PLACE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: WHITE, CHRISTINE  
Address: 961 MOSSTREE PLACE  
City-St-Zip: LONGWOOD, FL 32750

Title: DT ( ) Delete  
Name: FARR, MATT  
Address: 145 FIG TREE RUN  
City-St-Zip: LONGWOOD, FL 32750

Title: DP ( ) Delete  
Name: GILMAN, ARLENE  
Address: 993 BURLWOOD COURT  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHAPPELL, MIKEN  
Address: 985 BURLWOOD COURT  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN BOSHERS

DS

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date