

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000006548  
 1. Entity Name  
 LONG POND PLANTATION, UNIT TWO, PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 111 S.E. 1ST AVE. GAINESVILLE, FL 32601  
 Mailing Address: 111 S.E. 1ST AVE. GAINESVILLE, FL 32601



01222004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3665137 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 QUINCEY, JAMES S  
 111 S.E. 1ST AVE.  
 GAINESVILLE, FL 32601

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

UDDDD0143010  
 04/30/04-80074-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	QUINCEY, JAMES S
STREET ADDRESS	111 S.E. 1ST AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	DV
NAME	PINKOSON, CHARLES O
STREET ADDRESS	3945 N.W. 30TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	DST
NAME	YORK, E. TRAVIS
STREET ADDRESS	4020 S.W. 78TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 its 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: James S Quincey 1-22-04 352-376-4694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #