


**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

5/

05-02-2005 90558 028 \*\*\*\*61.25

<b>DOCUMENT # N97000006548</b>			
1. Entity Name <b>LONG POND PLANTATION, UNIT TWO, PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>111 S.E. 1ST AVE. GAINESVILLE, FL 32601</b>		Mailing Address <b>111 S.E. 1ST AVE. GAINESVILLE, FL 32601</b>	
2. Principal Place of Business <b>10520 N.W. 116<sup>th</sup> COURT</b>		3. Mailing Address <b>10520 N.W. 116<sup>th</sup> COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>GAINESVILLE, FL 32606</b>		City & State <b>GAINESVILLE, FL</b>	
Zip <b>32606</b>		Country	
4. FEI Number <b>59-3665137</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>QUINCEY, JAMES S 111 S.E. 1ST AVE. GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent <b>Simmie Sparrow, Jr. 10520 N.W. 116<sup>th</sup> COURT Reddick GAINESVILLE, FL FL Zip Code 32680</b>	
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 <u><i>Simmie Sparrow Jr</i></u> DATE <u>17 Jan 2005</u> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUINCEY, JAMES S 111 S.E. 1ST AVE. GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON MOBERG, CHAIRMAN 16600 N.W. 112 <sup>th</sup> COURT REDDICK, FL. 32686 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PINKOSON, CHARLES O 3945 N.W. 30TH PLACE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANN WHITESIDE, SECRETARY 11700 N.W. 167 PLACE REDDICK, FL 32686 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YORK, E. TRAVIS 4020 S.W. 78TH ST. GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMMIE SPARROW, JR. PRES. 10520 N.W. 116 COURT LEDDICK, FL 32686 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENDA GUFFIN, VICE PRES 16285 NW 112 COURT REDDICK, FL 32686 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Simmie Sparrow Jr</i></u>		Date <u>17 Jan 2005</u> Daytime Phone # <u>352-355-1205</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>Date</small>	

66021197



01172005 Chg-NP CR2E037 (10/03)

Reddick

Reddick

GAINESVILLE, FL 32606

GAINESVILLE, FL

Zip 32686

10520 N.W. 116<sup>th</sup> COURT

Reddick

GAINESVILLE, FL

FL Zip Code 32680

SIGNATURE *Simmie Sparrow Jr*

DATE 17 Jan 2005

Filing Fee is \$81.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
QUINCEY, JAMES S  
111 S.E. 1ST AVE.  
GAINESVILLE, FL 32601  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DON MOBERG, CHAIRMAN  
16600 N.W. 112<sup>th</sup> COURT  
REDDICK, FL. 32686  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
PINKOSON, CHARLES O  
3945 N.W. 30TH PLACE  
GAINESVILLE, FL 32608  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANN WHITESIDE, SECRETARY  
11700 N.W. 167 PLACE  
REDDICK, FL 32686  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
YORK, E. TRAVIS  
4020 S.W. 78TH ST.  
GAINESVILLE, FL 32606  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SIMMIE SPARROW, JR. PRES.  
10520 N.W. 116 COURT  
LEDDICK, FL 32686  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BRENDA GUFFIN, VICE PRES  
16285 NW 112 COURT  
REDDICK, FL 32686  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 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: *Simmie Sparrow Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date 17 Jan 2005 Daytime Phone # 352-355-1205