2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000006548

1. Entity Name

LONG POND PLANTATION, UNIT TWO, PROPERTY



FILED Mar 30, 2007 8:00 am Secretary of State

03-30-2007 90129 014 ****61.25

OWNERS ASSOCIATION, INC.										
Principal Place of Business 16520 NW 116TH COURT REDDICK, FL 32686		Mailing Address 16520 NW 116TH COURT REDDICK, FL 32686		40045313						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
		5. Walling Address				i irbii maili raili ce:	ii Balii Vaila Bhaf Bhii B	SEL INITES DE IMAI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03282007 C	Chg-NP	CR2E037 (12/	06)		
City & State		City & State			4. FEI Number 59-36651	37		Applied For Not Applicable		
Zip	Country .	Zip	Count	try	5. Certificate of S	Status Desired	□ \$8.75 Fee Re	Additional quired		
	6. Name and Address of Current	t Registered Agent		Name	7. Name and Ad	dress of New R	tegistered Agent			
SPARROW, JIMMIE JR										
	/ 116TH COURT , FL 32686		Street Address		(P.O. Box Number is Not Acceptable)					
			-	City			FL Zip	Code		
8. The above	named entity submits this statement f	or the purpose of changing	its registered	office or register	ed agent, or both, in	n the State of Flo		with, and accept		
the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	•	I			\$5.00 May Be Added to Fees					
10.	Due by May 1, 2007 OFFICERS AND D	Trust Fun		n. 🗀	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	ida Department	of State		
TITLE	OFFICERS AND D	Trust Fun	11.	n. 🗀	Added to Fees	Flor	ida Department	RS IN 10		
-	Due by May 1, 2007 OFFICERS AND D	Trust Fun	11.	n. 🗀	Added to Fees	Flor	ida Department	RS IN 10		
TITLE NAME	OFFICERS AND D C MOBERG, DON	Trust Fun	11.	ADDRESS	Added to Fees ADDITIONS/CHANG	Flor	Ida Department	of State RS IN 10 Inge Addition		
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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.

SI	GN	ΔΤΙ	JRF:

CINDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cinda

CINDA F. SPARROW

03/29/2007

352-368-8332

Date

Daytime Phone #