2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700006548

1. Entity Name

LONG POND PLANTATION, UNIT TWO, PROPERTY OWNERS ASSOCIATION, INC.



FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90119 001 ****61.25

ASSOCIATION, INC.				GOO WE THE				
111 S.E. 1ST AVE. 111 :		Mailing Address 111 S.E. 1ST AVE. GAINESVILLE FL 32601	11 S.E. 1ST AVE.			14 1881/ 88/() 18 /() 18/()	88011 88118 2 2186 21111 80	nu l 4814 1 84 1
2. Principal P	Place of Business	3. Mailing Address	Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State	e	City & State	City & State		4. FEI Number 59-3665137 Applied For Not Applicable			
Zip	Country	Zip	Countr	ry	5. Certificate of Status Desired S8.75 Additional Fee Required		ditional	
	Registered Agent	<u> </u>	سب تحجيد ميد م	7. Name and Addr	ess of New Regist	<u> </u>		
	Of Marine Marines of Carrotte			Name			<u> </u>	
QUINCEY, JAMES S 111 S.E. 1ST AVE.			;	Street Address (P.O. Box Number is Not Acceptable)				
GAINESVILLE FL 32601								
				City		•	FL Zip Cod	e
	named entity submits this statement follows of registered agent.	or the purpose of changing its	s registered	office or register	ed agent, or both, in t	he State of Florida.	I am familiar with,	and accept
the obligat	ions or registered agent.							
SIGNATURE .	, in							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered A	gent signature required	when reinstating)	# \ - # a 1	DATE .	
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribut				· -	\$5.00 May Be Added to Fees		Check Payable epartment of S	
10.	OFFICERS AND DI	I RECTORS	11.	- ,	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	110
TITLE	DP	Delete	TITLE			ş:	☐ Change	☐ Addition
NAME STREET ADDRESS	QUINCEY, JAMES S :: 1111 S.E. 1ST AVE.		NAME etreet	ADDRESS	•			
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST	1				
TITLE	DV	☐ Delete	TITLE				☐ Change	Addition
NAME	PINKOSON, CHARLES O		NAME	4000000				1
STREET ADDRESS CITY-ST-ZIP	3945 N.W. 30TH PLACE GAINESVILLE FL-32606			ADDRESS				
TITLE	DST	☐ Delete	TITLE		-		☐ Change	Addition
NAME	YORK, E. TRAVIS		NAME					
STREET ADDRESS CITY-ST-ZIP	4020 S.W. 78TH ST. GAINESVILLE FL 32606		STREET /	ADDRESS 7IP				
TITLE	CAMPESVILLE FL 32000	□ Delete	TITLE				☐ Change	Addition
NAME	·	<u> </u>	NAME					
STREET ADDRESS			STREET A	ADDRESS 200	,			
CITY-ST-ZIP		□ Delete	TITLE	- 4Ir		<u>.</u>	☐ Change	Addition
TITLE NAME		CTI Delete	NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-ST	-ZIP				
title Name		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS				ADDRESS				İ
CITY-ST-ZIP	,		CITY-ST					
12 I boroby	portify that the information europlied with	h thin filing doos not avalify to	r the event	stion stated in Se	etion 119 07(3)(i) Flo	rida Statutes I furth	nor cortify that the i	ntormation L

12. I nereby certify that the information supplied with this filing does not quality 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:

1-7-03

352-376-4694