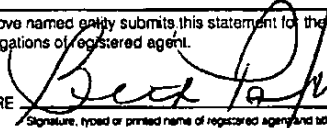
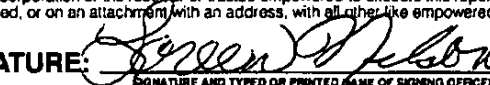


05-04-2005 90143 024 ***122.50
N98000002625

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000002625			05 JUN -3 PM 12:28 STATE OF FLORIDA ALLAHOSSIE, FLORIDA 04-05 JUN 2005 7377	
1. Entity Name LONG LAKE HILLS HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business 5628 LONG LAKE HILLS BLVD. ORLANDO, FL 32-8111		Mailing Address 882 JACKSON AVE. WINTER PARK, FL 32789		
2. Principal Place of Business Property First, Inc. 13627 Dornoch Dr. Orlando 32828 Orange		3. Mailing Address PO Box 4656 Winter Park FL 32793 Orange		
4. FEI Number 59-3520361		Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		CR2E099 (6/04)		
6. Name and Address of Current Registered Agent BRACKIN, ANDREA L SPECIALTY MANAGEMENT CO. 882 JACKSON AVENUE WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name: Beth Palmer Street Address (P.O. Box Number is Not Acceptable): 13627 Dornoch Drive City: ORLANDO FL Zip Code: 32828		
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:  4-25-05- (NOTE: Registered Agent signature required when reinstating.) DATE				
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: VPD NAME: KEATING, PHILLIP STREET ADDRESS: 6467 LONG BREEZE RD. CITY-ST-ZIP: ORLANDO, FL 32810 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: VPD NAME: NORWOOD, EUNICE C STREET ADDRESS: 6478 LONG BREEZE RD. CITY-ST-ZIP: ORLANDO, FL 32810 ☒ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: TD NAME: HONOR, KENNETH STREET ADDRESS: 6479 LONG BREEZE RD. CITY-ST-ZIP: ORLANDO, FL 32810 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: D NAME: MOORER, ED STREET ADDRESS: 5514 LONG LAKE HILLS BLVD. CITY-ST-ZIP: ORLANDO, FL 32810 ☒ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: PD NAME: NELSON, LOREEN STREET ADDRESS: 5628 LONG LAKE HILLS BLVD CITY-ST-ZIP: ORLANDO, FL 32810 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition 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:  4-25-2005 407 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 6795				