2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006818

FILED Apr 01, 2009 Secretary of State

Entity Name: LONGLEAF HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
550 NORTH REO STREET SUITE 300 TAMPA, FL 33609				4902 EISENHOWER BLVD SUITE 216 TAMPA, FL 33634			
Current Mailing Address:				New Mailing Address:			
550 NORTH REO STREET SUITE 300 TAMPA, FL 33609				4902 EISENHOWER BLVD SUITE 216 TAMPA, FL 33634			
FEI Number:	59-3542079	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status I	Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Ag	ent:
SUITE 300 TAMPA, FL	H REO STREE . 33609 US named entity s		MYERS, WADE REALMANAGE 4902 EISENHOWER BLVD, SUITE 216 TAMPA, FL 33634 US changing its registered office or registered agent, or both,				
SIGNATUR	E: WADE MY	ŒRS	04/01/2009				
	Electroni	c Signature of Registered Ag	jent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () MARVIN, ROBEI 1812 ECHO POI WESLEY CHAP	ND PLACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () JACKSON, JAM 30131 EMMETT WESLEY CHAP	S COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () GREENE, LORE 1726 SASSAFR WESLYE CHAP	AS DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () RIEBOW, DELT 1816 ECHO POI WESLEY CHAP	ND PLACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BOUIS, JAMES 1709 SASSAFR WESLEY CHAP			Title: Name: Address: City-St-Zip:	WATHIN, PAT 1918 SASSAF		
Title: Name: Address: City-St-Zip:	D () RUSSO, JIM 1750 RAVENRIE WESLEY CHAP			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MARVIN P 04/01/2009