

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006818

FILED  
Apr 15, 2010  
Secretary of State

Entity Name: LONGLEAF HOMEOWNER'S ASSOCIATION, INC.

## Current Principal Place of Business:

4902 EISENHOWER BLVD  
SUITE 216  
TAMPA, FL 33634

## New Principal Place of Business:

24646 STATE ROAD 54  
SUITE 102  
LUTZ, FL 33559

## Current Mailing Address:

4902 EISENHOWER BLVD  
SUITE 216  
TAMPA, FL 33634

## New Mailing Address:

24646 STATE ROAD 54  
SUITE 102  
LUTZ, FL 33559

FEI Number: 59-3542079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYERS, WADE  
REALMANAGE  
4902 EISENHOWER BLVD, SUITE 216  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

BRUDNY, MICHAEL  
200 NORTH PINE AVENUE  
SUITE A  
OLDSMAR, FL 34677 US

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.

SIGNATURE: MICHAEL BRUDNY

04/15/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: MARVIN, ROBERT B  
Address: 24646 STATE ROAD 54 SUITE 102  
City-St-Zip: LUTZ, FL 33559

Title: VPD  
Name: RUSSO, JAMES  
Address: 24646 STATE ROAD 54 SUITE 102  
City-St-Zip: LUTZ, FL 33559

Title: DS  
Name: GREENE, LORRAINE  
Address: 24646 STATE ROAD 54 SUITE 102  
City-St-Zip: LUTZ, FL 33559

Title: T  
Name: RIEBOW, DELTON  
Address: 24646 STATE ROAD 54 SUITE 102  
City-St-Zip: LUTZ, FL 33559

Title: D  
Name: SANDERY, CHARLOTTE  
Address: 24646 STATE ROAD 54 SUITE 102  
City-St-Zip: LUTZ, FL 33559

Title: D  
Name: SAFRAN, JAY  
Address: 24646 STATE ROAD 54 SUITE 102  
City-St-Zip: LUTZ, FL 33559

I hereby 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 all other like empowered.

SIGNATURE: ROBERT B MARVIN

PRES

04/15/2010

Electronic Signature of Signing Officer or Director

Date