2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# N98000006818

Entity Name: LONGLEAF HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

24646 STATE ROAD 54
SUITE 102
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

24646 STATE ROAD 54
SUITE 102
LUTZ, FL 33559

New Mailing Address:

FEI Number: 59-3542079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: S
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: LESLIE LARZELERE LCAM 02/28/2012

Electronic Signature of Signing Officer or Director — Date