

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10053

**FILED**  
**Jul 21, 2015**  
**Secretary of State**  
**CC0857908312**

**Entity Name:** LONG POND LANDING PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8671 NW 52 AVE  
CHIEFLAND, FL 32626

**Current Mailing Address:**

P.O. BOX 321  
CHIEFLAND, FL 32626 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GIRONDA, JULIE M  
8751 NW 52 AV  
CHIEFLAND, FL 32626 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name FRANK, KIM  
Address 8671 NW 52 AVE  
City-State-Zip: CHIEFLAND FL 32626

Title PRESIDENT  
Name MAS, GUSTAAVO  
Address 3051 NW 52 CT  
City-State-Zip: CHIEFLAND FL 32626

Title SD  
Name FRANK, SUSAN  
Address 8671 NW 52 AV  
City-State-Zip: CHIEFLAND FL 32626

Title OTHER  
Name GIRONDA, JULIE M  
Address 8751 NW 52 AV  
City-State-Zip: CHIEFLAND FL 32626

Title TREASURER  
Name HALPERN, DEE  
Address 8511 NW 55 AV  
City-State-Zip: CHIEFLAND FL 32626

*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: KIM M. FRANK**

**VP**

**07/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date