## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13170

Entity Name: LONGPOINT I CONDOMINIUM ASSOCIATION, INC.

**FILED** Jan 06, 2021 Secretary of State 1997870738CC

## **Current Principal Place of Business:**

6700 OAKSHORE DRIVE PANAMA CITY, FL 32404

## **Current Mailing Address:**

P. O BOX 18924

PANAMA CITY BEACH. FL 32417 US

FEI Number: 59-2861942 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

ROMINE, STAN P. O BOX 18924

PANAMA CITY BEACH, FL 32417 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: STAN ROMINE 01/06/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP, DIRECTOR Title DIRECTOR

ROMINE, STAN Name Name GEORGE, LESTER P. O BOX 18924 5203 SOULE DRIVE Address Address

City-State-Zip: PANAMA CITY FL 32404 PANAMA CITY BEACH FL 32417 City-State-Zip:

Title PRESIDENT, DIRECTOR Title DIRECTOR Name BOWDEN, JOHNNY Name SALINAS, LINDA Address 1424 GRAHAM LANE Address 109 DAMON CIRCLE PANAMA CITY FL 32405

City-State-Zip: PANAMA CITY BEACH FL 32407 City-State-Zip:

Title DIRECTOR Title DIRECTOR, SECRETARY,

**TREASURER** Name GILBERT, PATRICK Name WALLACE, JUDY

Address 6504 BRIDGEWATER WAY UNIT 204 Address P. O BOX 18924 City-State-Zip: PANAMA CITY BEACH FL 32407

City-State-Zip: PANAMA CITY BEACH FL 32417

Title DIRECTOR

Name ROGERS, FRANK

9856 SW ROGERS LANE Address City-State-Zip: BRISTOL FL 32321

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.

01/06/2021 SIGNATURE: JUDY S WALLACE SECRETARY/TREASURE/ DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date