

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30668

**Entity Name:** LONG LEAF PLANTATION HOME OWNERS ASSOCIATION, INC.**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC4913754390****Current Principal Place of Business:**HENRY BOEKHOFF  
533 PRINCEWOOD DR  
DELAND, FL 32724**Current Mailing Address:**PO BOX 766  
DELAND, FL 32721-0766**FEI Number: 59-2931128****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STONESTREET, DAUPHNE  
150 S. HIGHWAY 17-92  
STE. 2  
DEBARY, FL 32753 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	CHAIRMAN
Name	DERSTINE, RONALD
Address	921 TORCHWOOD DRIVE
City-State-Zip:	DELAND FL 32724

Title	T
Name	BOEKHOFF, HENRY R DR.
Address	HENRY BOEKHOFF 533 PRINCEWOOD DR
City-State-Zip:	DELAND FL 32724

Title	S
Name	POERTNER, CASSANDRA
Address	955 TORCHWOOD DR
City-State-Zip:	DELAND FL 32724

Title	DIRECTOR
Name	SVOLTO, RYAN
Address	623 PRINCEWOOD DR
City-State-Zip:	DELAND FL 32724

Title	DIRECTOR
Name	DAY, DON
Address	1627 RED MANGROVE DR
City-State-Zip:	DELAND FL 32724

Title	VC
Name	BUCKELS, STEVE
Address	1080 TORCHWOOD DR
City-State-Zip:	DELAND FL 32724

Title	DIRECTOR
Name	RICCIARDI, SUZANNE
Address	983 TORCHWOOD DR
City-State-Zip:	DELAND FL 32724

*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: HENRY R BOEKHOFF****TREASURER****01/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date