

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006548

**Entity Name:** LONG POND PLANTATION, UNIT TWO, PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 06, 2021**  
**Secretary of State**  
**8768713488CC**

**Current Principal Place of Business:**

16200 NW 112TH CT  
REDDICK, FL 32686-2928

**Current Mailing Address:**

16200 NW 112TH CT  
REDDICK, FL 32686-2928 US

**FEI Number: 59-3665137**

**Certificate of Status Desired: No**

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

MAURER, RICHARD L  
16200 NW 112TH CT  
REDDICK, FL 32686-2928 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: RICHARD L. MAURER**

**01/06/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CATSULIS, EARNEST W JR.  
Address 11575 NW 167TH PLACE  
City-State-Zip: REDDICK FL 32686

Title TREASURER  
Name MAURER, RICHARD F  
Address 16200 NW 112TH CT  
City-State-Zip: REDDICK FL 32686-2928

Title DIRECTOR  
Name GRIFFIN, BRENDA D  
Address 16285 NW 112 CT  
City-State-Zip: REDDICK FL 32686-2929

Title DIRECTOR  
Name CASEY, ERIC  
Address 16385 NW 112TH CT  
City-State-Zip: REDDICK FL 32686

Title PRESIDENT  
Name SCHEIBLY, LYNDEL W  
Address P O BOX 772  
City-State-Zip: FAIRFIELD FL 32634-0772

Title DIRECTOR  
Name MOZINGO, DAVID W  
Address 11620 NW 170TH ST  
City-State-Zip: REDDICK FL 32686-2472

Title DIRECTOR  
Name PLYANT, JOHN K  
Address 11760 NW 170TH ST  
City-State-Zip: REDDICK FL 32686

Title SECRETARY  
Name MAURER, KIT K  
Address 16200 NW 112TH CT  
City-State-Zip: REDDICK FL 32686-2928

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*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: CINDA F SPARROW**

**DIRECTOR**

**01/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SIMPSON, CHARLES L  
Address        16498 NW 112TH CT  
City-State-Zip: REDDICK FL 32686

Title           DIRECTOR  
Name           SPARROW, CINDA F  
Address        16520 NW 116TH CT  
City-State-Zip: REDDICK FL 32686