## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766483** 

City-St-Zip:

RIVER RANCH, FL 33867

FILED May 01, 2004 Secretary of State

Entity Name: LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 24700 HWY 60 E 3200 RIVER RANCH BLVD P O BOX 30026 RIVER RANCH, FL 33867 RIVER RANCH, FL 33867 **Current Mailing Address: New Mailing Address:** C/O BARBARA H. SMITH, CPA P.O. BOX 985 FROSTPROOF, FL 33843 FEI Number: 59-2591004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLOWAY, ALBERT C JR 225 E PARK AVENUE LAKE WALES, FL 33859 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete DVP (X) Change ( ) Addition SUPANICH, KEN SUPANICH, KEN Name: Name: 91 ROAN ROAD Address: 91 ROAN ROAD Address: City-St-Zip: RIVER RANCH, FL 33867 City-St-Zip: RIVER RANCH, FL 33867 Title: DS Title: ( ) Delete () Change () Addition KANTIZ, NORMA Name: Name: Address: 93 ROAN RD Address: City-St-Zip: RIVER RANCH, FL 33867 City-St-Zip: Title: () Delete Title: () Change () Addition SHUFFSTALL, WANDA Name: Name: 30 WEST APPALOOSA TRAIL Address: Address: City-St-Zip: RIVER RANCH, FL 33867 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: NOVIELLO, NICK Name: ESTEY, WAYNE WEST APALOOSA TRAIL LOT 38 42 PALOMINO PATH Address: Address: City-St-Zip: RIVER RANCH, FL 33867 City-St-Zip: RIVER RANCH, FL 33867 Title: DΡ () Delete Title: (X) Change ( ) Addition MORRIS, JOHN L BUSHBY, JAMES Name: Name: 34 WEST APPALOOSA TRAIL 67 PALOMINO PATH Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

RIVER RANCH, FL 33867

SIGNATURE: WANDA SHUFFSTALL T 05/01/2004