


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90985 029 \*\*\*\*61.25

<b>DOCUMENT # 766483</b>					
1. Entity Name LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 3200 RIVER RANCH BLVD RIVER RANCH, FL 33867			Mailing Address C/O BARBARA H. SMITH, CPA P.O. BOX 985 FROSTPROOF, FL 33843 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2591004	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
GALLOWAY, ALBERT C JR 225 E PARK AVENUE LAKE WALES, FL 33859				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUPANICH, KEN		NAME	Roger G Peterson	
STREET ADDRESS	91 ROAN ROAD		STREET ADDRESS	95 Roan Road	
CITY-ST-ZIP	RIVER RANCH, FL 33867		CITY-ST-ZIP	RIVER RANCH, FL 33867	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTIZ, NORMA		NAME		
STREET ADDRESS	93 ROAN RD		STREET ADDRESS		
CITY-ST-ZIP	RIVER RANCH, FL 33867		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUFFSTALL, WANDA		NAME	JACK FLAGG	
STREET ADDRESS	30 WEST APPALOOSA TRAIL		STREET ADDRESS	109 E Appaloosa Trail	
CITY-ST-ZIP	RIVER RANCH, FL 33867		CITY-ST-ZIP	RIVER RANCH, FL 33867	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEY, WAYNE		NAME		
STREET ADDRESS	42 PALOMINO PATH		STREET ADDRESS		
CITY-ST-ZIP	RIVER RANCH, FL 33867		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHBY, JAMES		NAME		
STREET ADDRESS	67 PALOMINO PATH		STREET ADDRESS		
CITY-ST-ZIP	RIVER RANCH, FL 33867		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Norma J Kanitz, Sec.</i>			Norma J Kanitz SECRETARY 4/30/05 863 699-1585		
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date Daytime Phone #		