


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90258 020 ****61.25

DOCUMENT # 766483
 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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05012008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2591004

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SMITH, BARBARA H CPA
 124 MAXCY LANE
 FROSTPROOF, FL 33843

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DT	KANITZ, NORMA J	93 ROAN ROAD	RIVER RANCH, FL 33867	<input type="checkbox"/> Delete
DS	MORRIS, MARY R	34 W APPALOOSA TRL	RIVER RANCH, FL 33867	<input type="checkbox"/> Delete
DP	FLAGG, JACK	109 E APPALOOSA TRAIL	RIVER RANCH, FL 33867	<input type="checkbox"/> Delete
D	SPANGLER, BOYD	41 PALOMINO PATH	RIVER RANCH, FL 33867	<input checked="" type="checkbox"/> Delete
D	BUSHBY, JAMES	67 PALOMINO PATH	RIVER RANCH, FL 33867	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VP	SUZ ROGERS	71 ROAN ROAD	RIVER RANCH FL 33867	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	EVERETT FEITHOM	90 ROAN ROAD	RIVER RANCH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Norma Kanitz, Treas. **04/30/08** **863-692-1585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #