

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718669 (5)

1. Corporation Name

THE LONGWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

11811 AVENUE OF THE P.G.A.  
PALM BEACH GARDENS FL 33418

Mailing Address

11811 AVENUE OF THE P.G.A.  
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

06/12/1970

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1318740

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, DANIEL  
11811 AVE OF THE PGA  
BLDG 4-3-E  
PALM BEACH GARDENS FL 33418

81

Name

Florence Morris

82

Street Address (P.O. Box Number is Not Acceptable)

11811 Ave of the PGA

83

Palm Beach Gardens, Fl 33418

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Florence Morris*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, DANIEL	
STREET ADDRESS	11811 AVE OF THE PGA	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORRIS, FLORENCE	
STREET ADDRESS	11811 AVE OF THE PGA	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RECHT, GLADYS	
STREET ADDRESS	11811 AVE OF PGA	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPEIN, L	
STREET ADDRESS	11811 AVE OF PGA	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRIDGES, PATRICIA	
STREET ADDRESS	11811 AVE OF PGA	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHIPPLE, CARROLL	
STREET ADDRESS	11811 AVE OF PGA	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Florence Morris	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sanford Leavitt	
2.3 STREET ADDRESS	11811 Ave of the PGA	
2.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	H. Valeche	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lillian Arnone	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Florence Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENCE MORRIS

4/12/96

Date

407 622-7331

Daytime Phone #

CR2E037 (12/95)