

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 06/12/1970	
4. FEI Number 59-1318740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORENCE MORRIS 11811 AVE OF THE PGA PALM BEACH GARDENS FL 33418
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FLORENCE MORRIS
STREET ADDRESS	11811 AVE OF THE PGA
CITY-ST-ZIP	PALM BEACH GRDNS FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	MEASEY, CLYDE
STREET ADDRESS	11811 AVE. OF THE PGA
CITY-ST-ZIP	PALM BEACH GRDNS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JEBB, N. L
STREET ADDRESS	11811 AVE OF THE PGA
CITY-ST-ZIP	PALM BEACH GRDNS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CASCIO, ANN
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	LILLIAN ARNONE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	LOIS KAPICA
2.4 CITY-ST-ZIP	11811 AVE OF THE PGA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* REQUIRED

2/27/98

CR2E037 (10/97)