

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **741224** (0)

1. Corporation Name

**LONG LAKE ESTATES PROPERTY OWNERS ASSOCIATION, I  
NC.**



Principal Place of Business

Mailing Address

**18050 LONG LAKE DRIVE  
BOCA RATON FL 33496**

**18050 LONG LAKE DRIVE  
BOCA RATON FL 33496**

3. Date Incorporated or Qualified

**12/27/1977**

3a. Date of Last Report

**03/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number

**59-2576584**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAAG, SANDRA  
2801 N. MILITARY TRAIL  
BOCA RATON FL 33431**

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 ☐ DELETE

NAME **VD  
WILLIAMS, STEVEN**  
STREET ADDRESS **8495 TWIN LAKE DR**  
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **PD  
ITZLER, ELISE**  
STREET ADDRESS **8808 TWIN LAKE DRIVE**  
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **T  
SOLOMON, STEVEN**  
STREET ADDRESS **18145 LONG LAKE DRIVE**  
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **SD  
GELB, JUNE**  
STREET ADDRESS **18489 LONG LAKE DR**  
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **VP  
DIAMOND, BOV**  
STREET ADDRESS **18740 LONG LAKE DR**  
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**PD** ☒ Change ☐ Addition

**WILLIAMS, STEVEN  
8495 TWIN LAKE DR  
BOCA RATON FL 33496**

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #