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 # **745465** **(5)**

1. Corporation Name

LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% SUMMITT PROPERTY MANAGEMENT 6289 W. SUNRISE BLVD. SUNRISE FL 33313	% SUMMITT PROPERTY MANAGEMENT 6289 W. SUNRISE BLVD. SUNRISE FL 33313

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/04/1979
3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-2013972 ☐ 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

BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-3525

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 _____ (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☑ DELETE	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	~~HIX, RANDY~~		1.2 NAME	BOB FRIEDMAN	
STREET ADDRESS	~~963 NW 79 TERR~~		1.3 STREET ADDRESS	870 N.W. 79 TERR.	
CITY-ST-ZIP	~~PLANTATION FL~~		1.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VD	☑ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	~~FOX, EDWARD~~		2.2 NAME	WILLIAM BAILEY	
STREET ADDRESS	~~849 NW 79 TERR~~		2.3 STREET ADDRESS	939 N.W 79 TERR.	
CITY-ST-ZIP	~~PLANTATION FL~~		2.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	~~D~~	☑ DELETE	3.1 TITLE	S/D	☐ Change ☑ Addition
NAME	~~FIEDLER, JOAN~~		3.2 NAME	Pat Young	
STREET ADDRESS	~~821 NW 79 TERR~~		3.3 STREET ADDRESS	959 NW 79 Terrace	
CITY-ST-ZIP	~~PLANTATION FL~~		3.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	~~D~~	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~LANDSBERG, GUNTHER~~		4.2 NAME	Dina Schwam	
STREET ADDRESS	~~819 NW 79 TERR~~		4.3 STREET ADDRESS	824 NW 79 Terrace	
CITY-ST-ZIP	~~PLANTATION FL~~		4.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	~~SD~~	☐ DELETE	5.1 TITLE	P	☑ Change ☐ Addition
NAME	PAINE, ROBIN		5.2 NAME		
STREET ADDRESS	833 NW 79 TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HERSH, SARAH		6.2 NAME		
STREET ADDRESS	974 NW 79 TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Robert Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #: