FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

745465

(5)

LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address % SUMMITT PROPERTY MANAGEMENT % SUMMITT PROPERTY MANAGEMENT 6289 W. SUNRISE BLVD. 6289 W. SUNRISE BLVD. SUNRISE FL 33313 SUNRISE FL 33313-6154 3a. Date of Last Report 04/05/1996 3. Date Incorporated or Qualified 01/04/1979 4. FEI Number 59-2013972 2. Principal Place of Business 2a. Mailing Address Applied For UNITED COMM MOT COM 6 UNITES COMM. MAT COLL Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired UNIV. ORIVE #YOU 3300 NNIN ORIVE KYES ODE Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 2001461 COM 23 COMi Trust Fund Contribution Added to Fees Country Country This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** ノベルか Comm. BECKER, POLIAKOFF & STREITFELD, P.A. 82 Street Address (P.O. Box 3111 STIRLING RD. 83 FT. LAUDERDALE FL 33312-3525 - KONNI JORING C y 0 & 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above panel cornoration 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. レベバるっ 11167 ัด№ COMMUNIT SIGNATURE Signature, typed or printed name of registered agent and e if applicable en reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DDP Addition DELETE Change TITLE 1.1 TITLE FRIEDMAN, BOB NAME 1.2 NAME 870 NW 79 TERR 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BAILEY, WILLIAM 2.2 NAME NAME 939 NE 79 TERR STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** CITY - \$1 - ZIP 2. 4 CITY-ST-ZIP DELETE Addition SD Change TITLE 3.1 TITLE YOUNG, PAT NAME 3.2 NAME 959 NE 79 TERRACE 3.3 STREET ADORESS STREET ADDRESS PLANTATION FL City-St-ZiP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE SCHWAN, BRINA NAME 4. 2 NAME 827 NE 79 TERRACE 4.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 51 TITLE TITLE BRIEN, PAINE, ROBIN 5.2 NAME NAME ROGER TERRACE 833 NW 79 TERR 5.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** 5.4 CITY - ST - ZIP CITY-ST-ZIP

SIGNATURE

TO

appears in Block 12 or Block 13

HERSH, SARAH

PLANTATION FL

974 NW 79 TERRACE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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

Addition

FILED

May 08 1997 8:00am

Secretary of State