NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 745465

1. Corporation Name

LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

C/O UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065

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FILED Mar 16, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed 01/04/1979

Sp-2013972 Not Applicable Sp-2013972 Not Applicable Sp-2013972 Sp-2013972 Not Applicable Sp-2013972 Sp-2	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		[App	nied For	
City & State City & State	20		27			59-2013972		Not Applicable		
Zip Country Zip Country Zip Country	¬ ′	е	City & State			5. Certifcate of Status Desired	.□	4 -		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 33. Street Address (P.O. Box Number is Not Acceptable) 34. City 14. City 15. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation board of directors. I hereby accept the apportment are registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. SIGNATURE 30. Florida Statutes		Country		Cour	ntry	6 Election Compaign Financing		\$5.00	May Be	
9. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 11. Name and Address of Current Registered Agent 12. Streat Address (P.O. Box Number is Not Acceptable) 13. Streat Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Stabutes, the above-named corporation submits this statement for the purpose of changing its registered orifice or registered agent. I am finalize with, and except the obligations of Section 1003, Florids Stabutes. 15. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Stabutes, the above-named corporation submits this statement for the purpose of changing its registered orifice or registered accept the obligations of Section 617 0503, Florids Statutes. 16. City 17. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am finalize with, and accept the obligations of, Section 617 0503, Florids Statutes. 18. City 18. City 19. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes. 19. Streat Address (P.O. Box Number is Not Acceptable) 19. Streat Address (P.O. Box Number is Not Acceptable) 10. Statutes and the approximation of the purpose of changing its registered orifice or registered agent. I am finalize with and acceptable originate and the statutes. 19. Streat Address (P.O. Box Number is Not Acceptable) 10. Statutes and Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Section 617 1508, Florids Statutes. 10. Statutes and Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Section 617 1508, Florids Statutes. 10. Statutes and Address (P.O. Box Number is Not Acceptable) 12. Statutes and Address (P.O. Box Number is Not Acceptable) 13. Statutes and Address (P.O. Box Number is Not Acceptable) 14. Decided and Address (P.O. Box Number is Not Accep	Zip	_ '	— — — — — — — — — — — — — — — — — — —		,			•	•	
UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 ### City FL #85 Zip Code 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and the provisions of Sections \$17,0502 and \$17,0503, Florida Statutes. SIGNATURE SIGNATURE Type Corporation submits this statement for the purpose of changing its registered agent, and the provisions of Section \$17,0503, Florida Statutes. **NOTE 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, and the provision of Section \$17,0503, Florida Statutes. **SIGNATURE** Type Corporation submits this statement for the purpose of changing its registered agent agent and manufactures. I hereby accept the appointment as registered agent. And the provision of Section \$17,0503, Florida Statutes. **NOTE TYPE CORPORATION FLORIDATES AND DIRECTORS 13.** **TOTAL TYPE CORPORATION FLORIDATES AND DIRECTORS IN 12.** **TOTAL TYPE CORPORATION FLORIDATES AND DIRECTORS IN 12.*	4		1-1	30			legistered	Agent		
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3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 58	3300 UNIV DRIVE #405									
CORAL SPRINGS FL 33065 34					82 Street Address (P.O. Box Number is Not Acceptable)					
The position of 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 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, it is mainlier with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE The purposition of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, it is mainlier with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE The purposition of Section 617.0503, Florida Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the purpose of changing its registered agent of the purpose of the purpose of the purpose of the purpose of th					83		:			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purposes 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, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, tend of registered agent and title of applicable	CURAL SH	PHINGS FE 33065			••		,	*		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits his 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, and are marked with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE					84 City		EI	85 Zip C	ode	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's coard of directors. I merely except the appointment as registered agent in a familiar with, and accept the obligations of, Section 617:0503, Florida Statutes. SIGNATURE Signature, types of printed name of registered agent and the if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE D			1 5 4 5 0 5 1 3 3 - OL	1 1 - 1 - 1		anation as builte this statement for the		e i	registered	
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TIZ. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	SIGNATURE					dud i tellon)	DATE.			
TITLE D HOLLAND, JUDY 12 NAME NAME HOLLAND, JUDY 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP PD D DELETE 21 TITLE D Change Addition NAME O'BRIEN, ROGER 22 NAME 23 STREET ADDRESS 17 TITLE D Change Addition TITLE D D D DELETE 31 TITLE D Change Addition NAME STREET ADDRESS 17 TITLE D Change Addition NAME HERSH, SARAH 32 NAME 32 NAME 33 STREET ADDRESS 17 TITLE D Change Addition TITLE D D D DELETE 31 TITLE D Change Addition NAME GOLDSTEIN, NORMA 42 NAME 32 NAME 33 STREET ADDRESS 17 TITLE D Change Addition TITLE D D D DELETE 41 TITLE D Change Addition NAME GOLDSTEIN, NORMA 42 NAME 32 NAME 32 NAME 33 STREET ADDRESS 17 TITLE D Change Addition NAME STREET ADDRESS 18 STREET ADDRE	42				Agent signature require			ND DIRECTOR	RS IN 12	
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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	CITY, ST. ZID	PLANTATION FL 33324								
indicated on this convel expert or supplemental annual capacities true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	14. I hereby	certify that the information supplied with	this filing does not qualify	y for the exer	nption stated in 8	Section 119.07(3)(i), Florida Statutes.	further ce	rtify that the in	formation	

I. 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, with all other like empowered.

SIGNATURE;

SIGNATURE REQUIRED

rah Hersh Daytime F

Daytime Phone #

CR2E037 (11/98