2 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90018 029 ****61.25

DOCUMENT # 745465

1. Entity Name

LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 US	C/O UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2013972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTENS, MARGARET 952 N.W. 79 TERRACE PLANTATION FL 33324	☑ Delete	TITLE SEC. NAME STREET ADDRESS CITY-ST-ZIP	SD Carpentar, Mary 894 NW 79 Terr. Plantation, FL. 33324	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, ROGER 929 NW 79TH TERRACE PLANTATION FL	☑ Delete	TITLE PRES. NAME STREET ADDRESS CITY-ST-ZIP	PD Kitchens, Donna 803 NW 79 Terr. Plantation, FL. 33324	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERSH, SARAH 974 NW 79 TERRACE PLANTATION FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Anthony De Santis 838 NW 79 Terr Plantation, FL. 33324	☐ Change ☑ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	D FIER, LIBBY 953 N.W. 79 TERRACE PLANTATION FL 33324	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ Robin Paine 836 NW 79 Terr Plantation FL. 33324	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, AVIS 829 NW 79TH TERRACE PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCE, JOHN 886 BW 79TH TERRACE PLANTATION FL 33324	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 4-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #