## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 27, 2002 8:00 am Secretary of State **DOCUMENT # 745465** 1. Entity Name 05-27-2002 90461 034 \*\*\*\*61.25 LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business UNITED COMM MGT CORP C/O UNITED COMM MGT CORP 3300 UNIV DRIVE #405 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 59-2013972 Not Applicable \$8.75 Additional Country Country Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ■ Addition CR2E037 (9/01 Change TITLE faine, Robin Delete Delete TITLE SD NAME 836 PW 79 Ter. NAME CARPENTER, MARY STREET ADDRESS STREET ADDRESS 894 NW 79TH TERR Plantation, Fl. 33324 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Addition Change TITLE ☐ Delete Vose Kas, Cathy NAME 967 NW 79 NAME KITCHENS, DONNA STREET ADDRESS STREET ADDRESS 803 NW 79TH TERR Plantation, FL 33324 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition Change ☐ Delete TITLE TITLE TD NAME NAME HERSH, SARAH STREET ADDRESS STREET ADDRESS 974 NW 79 TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Change VD ☐ Addition ☐ Delete TITLE TITLE NAME NAME FIER, LIBBY STREET ADDRESS STREET ADDRESS 953 N.W. 79 TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME HARRISON, AVIS STREET ADDRESS STREET ADDRESS 829 NW 79TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change Addition A TITLE Delete TITLE Meyer Sand NAME NAME DESAITIS, ANTHONY

PLANTATION FL 33324 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

838 NW 79TH TERR

STREET ADDRESS

CITY-ST-ZIP

Plantation.