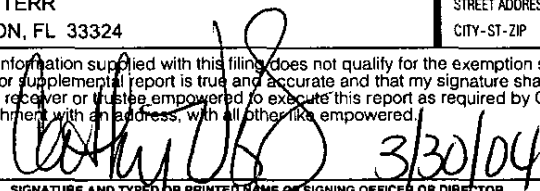


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90009 009 ****61.25

DOCUMENT # 745465 1. Entity Name LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS, FL 33065 US			Mailing Address C/O UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2013972	
Zip		Country		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	PAINE, ROBIN		NAME	Mayer, Sandy	
STREET ADDRESS	836 NW 79 TERR		STREET ADDRESS	831 NW 79 Terrace	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	KITCHENS, DONNA		NAME	O'Brian, Roger	
STREET ADDRESS	803 NW 79TH TERR		STREET ADDRESS	929 NW 79 Terrace	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMPSON, NANCY		NAME		
STREET ADDRESS	834 NW 79 TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FIER, LIBBY		NAME		
STREET ADDRESS	953 N.W. 79 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARRISON, AVIS		NAME		
STREET ADDRESS	829 NW 79TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VOSEKOS, CATHY		NAME		
STREET ADDRESS	967 NW 79 TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
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:  3/30/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					