2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90285 022 ****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

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11784 W. Sample Rd.	11784 W. Sample Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL.	City & State: Coral Springs, FL.
Zip: 33065 Country: US	Zip: 33065 Country: US

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: United Community Mgmt. Street Address (P.O. Box Number is Not Acceptable): 11784 West Sample Rd. City: Coral Springs FL Zip Code: 33065

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: [signature] United Comm Mgmt VP Finance 3/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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		☐ Change ☐ Addition
NAME	PAINE, ROBIN		NAME		
STREET ADDRESS	836 NW 79 TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	O'BRIAN, ROGER		NAME		
STREET ADDRESS	929 NW 79 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	THOMPSON, NANCY		NAME	Mayer, Sandy	
STREET ADDRESS	834 NW 79 TERR		STREET ADDRESS	831 NW 79 TERR.	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL. 33324	
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: [signature] 03/08/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #