

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90092 015 ****61.25

DOCUMENT # 745465	
1. Entity Name LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business UNITED COMM MGT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US	Mailing Address UNITED COMM MGT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04012008 Chg-NP CR2E037 (12/06)

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 UNITED COMM MGT CORP 11784 W SMAPLE RD CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent 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, 2008	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 NAME STREET ADDRESS CITY-ST-ZIP	D PAINE, ROBIN 836 NW 79 TERR PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert a ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILTON, LESA 941 NW 79TH TERRACE PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMET, CONNIE 827 NW 79TH TERRACE PLANTATION, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDOWITZ, ANDREA 821 NW 79TH TERRACE PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOSEKAS, CATHY 967 NW 79 TERR PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cathy Vosekas CATHY VOSEKAS 4-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #