2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745465

FILED Mar 30, 2009 Secretary of State

Entity Name: LONGWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
11784 W S	OMM MGT C SAMPLE RD PRINGS, FL 3		US		11784 W S	OMM MGT C AMPLE RD # RINGS, FL 3	103	US
Current Mailing Address:					New Mailing Address:			
11784 W S	OMM MGT CO SAMPLE RD PRINGS, FL 3		US		11784 W S	OMM MGT CO AMPLE RD # RINGS, FL 3	103	US
FEI Number:	59-2013972	FEI N	umber Applied For()	FEI Nun	nber Not Appli	icable ()	Certific	ate of Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
UNITED COMM MGT CORP 11784 W SMAPLE RD CORAL SPRINGS, FL 33065 US					UNITED COMM MGT CORP 11784 W SAMPLE RD #103 CORAL SPRINGS, FL 33065 US			
	named entity of Florida.	submits	this statement for the p	ourpose o	f changing it	s registered	office or	registered agent, or both,
SIGNATUF	RE: RENEE	CAMPBI	≣LL				(03/30/2009
	Electro	nic Sign	ature of Registered Age	ent				Date
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (PAINE, ROBEI 836 NW 79 TE PLANTATION,	RR	ı		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	TD (HAMILTON, LE 941 NW 79TH PLANTATION,	TERRACE			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	UPD (DAVIDOWITZ, 827 NW 79TH PLANTATION,	TERRACE			Title: Name: Address: City-St-Zip:	VPD (X DAVIDOWITZ, 827 NW 79TH PLANTATION,	ANDREA TERRACE	
Title: Name: Address: City-St-Zip:	PD (VOSEKOS, CA 967 NW 79 TE PLANTATION,	RR	ı		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:	SD (MAYER, SAND 831 NW 79 TE PLANTATION,	RRACE	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER AGT 03/30/2009