
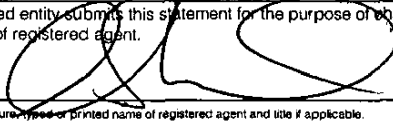
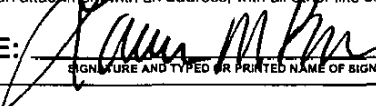


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 025 ****61.25

DOCUMENT # N01000005868			
1. Entity Name LONG LAKE RANCHES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039		Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039	
2. Principal Place of Business <i>1145 Sawgrass Corp Pkwy</i>		3. Mailing Address <i>1145 Sawgrass Corp Pkwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>SUNRISE FL</i>		City & State <i>SUNRISE FL</i>	
Zip <i>33323</i>		Zip <i>33323</i>	
Country		Country	
6. Name and Address of Current Registered Agent HELFMAN9, STEVEN M 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039		7. Name and Address of New Registered Agent Name EDWARD S. HAMMEL, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) <i>JACKS JAX KLEIN</i> <i>301 Yamato Rd Suite 4150</i> City <i>Boca Raton</i> FL Zip Code <i>33431</i>	
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 		DATE <i>4/11/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME RICKEL, ROBERT STREET ADDRESS 1401 UNIVERSITY DRIVE SUITE 200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	<input checked="" type="checkbox"/> Delete	TITLE PD NAME <i>Laurie Brasner</i> STREET ADDRESS <i>1145 Sawgrass Corp Pkwy</i> CITY-ST-ZIP <i>SUNRISE FL 33323</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME DEPLAZA, MARCIE STREET ADDRESS 1401 UNIVERSITY DR, STE. 200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME <i>JEFF OSTROW</i> STREET ADDRESS <i>1145 Sawgrass Corp Pkwy</i> CITY-ST-ZIP <i>SUNRISE, FL 33323</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DST NAME MENEDEZ, N MARIA STREET ADDRESS 1401 UNIVERSITY DRIVE SUITE 200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	<input checked="" type="checkbox"/> Delete	TITLE SD NAME <i>JEFF JACOBS</i> STREET ADDRESS <i>1145 Sawgrass Corp Pkwy</i> CITY-ST-ZIP <i>SUNRISE FL 33323</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE TD NAME <i>George Traikos</i> STREET ADDRESS <i>1145 Sawgrass Corp Pkwy</i> CITY-ST-ZIP <i>SUNRISE FL 33323</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE ADP NAME <i>Q. Martinez</i> STREET ADDRESS <i>1145 Sawgrass Corp Pkwy</i> CITY-ST-ZIP <i>SUNRISE FL 33323</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME <i>Pam Cunningham</i> STREET ADDRESS <i>1145 Sawgrass Corp Pkwy</i> CITY-ST-ZIP <i>SUNRISE FL 33323</i>	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE <i>4/17/06</i> 434 236-8711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	