

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90173 040 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-1148121**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTELLO, RICHARD A**  
**1401 UNIVERSITY DRIVE**  
**SUITE 200**  
**LONG LAKE RANCHES HOMEOWNERS ASSOCIATION, INC.**  
**CORAL SPRINGS FL 33071-6039**

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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 **PD**  Delete  
NAME **RICKEL, ROBERT**  
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071-6039**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **ARKIN, RICHARD A**  
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071-6039**

TITLE **V/D**  Change  Addition  
NAME **RICHARD M. NORWALK**  
STREET ADDRESS **1401 UNIVERSITY DRIVE, SUITE 200**  
CITY-ST-ZIP **CORAL SPRINGS, FLORIDA 33071-6039**

TITLE **STD**  Delete  
NAME **COSTELLO, RICHARD A**  
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071-6039**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **RICKEL, ROBERT**  
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071-6039**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **ARKIN, RICHARD A**  
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071-6039**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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.

**Richard M. Norwalk, V.P. April 29, 2003 954.753.1730**

SIGNATURE: **RICHARD A. COSTELLO, V.P. REQUIRED**

002356

CR2E037 (10/02)