

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91541 041 ****61.25

DOCUMENT # N98000005382

1. Entity Name

LONG LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS FL 33071-6039

951 BROKEN SOUND PKWY
 #250
 BOCA RATON FL 33487
 US

778960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 Community Assoc Ser Inc
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

951 Broken Sound Pkwy #250

City & State

Boca Raton FL

Zip

Country

33487

4. FEI Number

65-0866804

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

~~COSTELLO, RICHARD A~~
 951 BROKEN SOUND PKWY
 #250
 BOCA RATON FL 33487

Name

Community Assoc. Service Inc.

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COSTELLO, RICHARD A 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071-6039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARKIN, RICHARD 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071-6039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICKEL, ROBERT 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS FL 33071-6039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	CAROL COHEN 2984 LAKE POINT PLACE DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	DAVID GLAZER 3024 LAKE POINT PLACE DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Jorge Mato 10033 S LAKE VISTA CIRCLE DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Phillip Foreman 2941 W LAKE VISTA CIRCLE DAVIE, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Michael A. Gottlieb 2981 W LAKE VISTA CIRCLE DAVIE, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Carol Cohen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 561-994-1788

CR2E037 (9/01)