

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90038 003 ****61.25

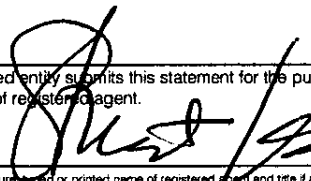
DOCUMENT # N98000005382		
1. Entity Name LONG LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 7101 W COMMERCIAL BLVD 4-A FORT LAUDERDALE, FL 33319		Mailing Address PO BOX 26478 FORT LAUDERDALE, FL 33320 US
8360 W OAKLAND PARK BLVD SUITE 301 SUNRISE FL 33351	c/o ALLIANCE PROPERTY SYSTEMS PO BOX 452199 FORT LAUDERDALE FL 33345-2199	



01312004 Chg-NP CR2E037 (10/03)

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	
EISENGER, DENNIS ESQ 4000 HOLLYWOOD BLVD STE 265-S HOLLYWOOD, FL 33021		Name STUART KRANE	
		Street Address (P.O. Box Number is Not Acceptable)	
		3004 LAKE POINT DRIVE	
		City DAVIE FL	Zip Code 33328
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 		Stuart Krane 3/4/2004	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

**Filing Fee is \$61.25
Due by May 1, 2004**

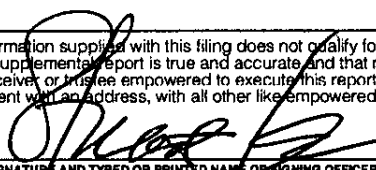
9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PP GOLDBERA, JEFF 3061 W LAKE VISTA CIR FORT LAUDERDALE, FL 33328 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nash, John 10491 N Lake Vista Cr Davie FL 33328-1105 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRANE, STU 3004 LAKE POINTE DR FORT LAUDERDALE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P → ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD PERLESS, DAVID 103105 S LAKE VISTA CR FORT LAUDERDALE, FL 33328 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lury, Steven 10221 N Lake Vista Cr Davie FL 33328 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLTZMAN, LINDA 10180 S LAKE VISTA CIR FORT LAUDERDALE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFIEL, WILLIAM 10192 N LAKE VISTA DR FORT LAUDERDALE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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.

SIGNATURE:  **Stuart Krane** 3/4/2004 954-572-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

mail with
check.