


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90019 042 ****61.25

DOCUMENT # N98000005382

1. Entity Name
 LONG LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O GABLES PROPERTY MGMT.
 1495 NORTH PARK RD.
 WESTON, FL 33326

Mailing Address
 C/O GABLES PROPERTY MGMT.
 1495 NORTH PARK RD.
 WESTON, FL 33326 US

40048855



2. Principal Place of Business - No P.O. Box #
 Century Management
 1495 Northpark Dr.
 Weston, FL 33326

3. Mailing Address
 Century Management
 1495 Northpark Dr.
 Weston, Florida
 33326 US

02292008 Chg-NP CR2E037 (12/06)

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
 BAKALAR & EICHNER
 150 S PINE ISLAND ROAD #540
 PLANTATION, FL 33324-2669

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLE, RAPHAEL	
STREET ADDRESS	1495 NORTH PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, CAROL	
STREET ADDRESS	1495 NORTH PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NASH, JOHN	
STREET ADDRESS	1495 NORTH PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CHALIK, JASON B	
STREET ADDRESS	1495 NORTH PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOREMAN, PHILLIP	
STREET ADDRESS	1495 NORTH PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	vice president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Foreman	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston Florida 33326	
TITLE	secretary/treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LELIS ORTIZ	
STREET ADDRESS	1495 Northpark Dr.	
CITY-ST-ZIP	Weston Florida 33326	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Wolter	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston Florida 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Phil Foreman Date: 3/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR