

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005382

FILED
Jan 27, 2009
Secretary of State

Entity Name: LONG LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY MANAGEMENT
1495 NORTH PARK RD.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

CENTURY MANAGEMENT
1495 NORTH PARK RD.
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0866804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER
150 S PINE ISLAND ROAD #540
PLANTATION, FL 333242669 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FOREMAN, PHIL
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: ST () Delete
Name: ORTIZ, LELIS
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: WOLTER, EUGENE
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: FOREMAN, PHILLIP
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOREMAN, PHIL
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WOLTER, EUGENE
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: COLE, RAPHAEL
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE CORT

LCAM

01/27/2009

Electronic Signature of Signing Officer or Director

Date