


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90939 028 ****61.25

DOCUMENT # N 98 000005382	
1. Entity Name LONG LAKE ESTATES HOMEOWNERS ASSOC. INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7101 W COMMERCIAL BLVD Suite, Apt. #, etc. 4-A	3. Mailing Address P.O. Box 26478 Suite, Apt. #, etc.
City & State TAMARAC FL	City & State TAMARAC FL
Zip 33319	Zip 33320-6478
Country BROWARD	Country BROWARD

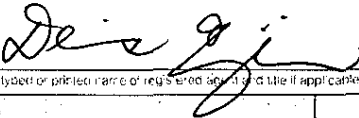
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Agent Registered Agent	
Name DENNIS EISENGER, ESQ	
Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, EISENGER, KERR, & BROWN P.A.	
4000 HOLLYWOOD BLVD	
City HOLLYWOOD	State FL
	Zip Code 33021

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 

4/9/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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/D	NAME JEFF GOLDBERG	TITLE 	NAME
STREET ADDRESS 3061 W LAKE VISTA CR	STREET ADDRESS DAVIE FL 33328	STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP DAVIE FL 33328	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP
TITLE VP/D	NAME STU KRANE	TITLE 	NAME
STREET ADDRESS 3004 LAKE POINT PL	STREET ADDRESS DAVIE FL 33328	STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP DAVIE FL 33328	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP
TITLE 2ND VP/D	NAME DAVID PERLESS	TITLE 	NAME
STREET ADDRESS 10310 S LAKE VISTA CR	STREET ADDRESS DAVIE FL 33328	STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP DAVIE FL 33328	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP
TITLE S/D	NAME LINDA GOLTZMAN	TITLE 	NAME
STREET ADDRESS 10180 S. LAKE VISTA CR	STREET ADDRESS DAVIE FL 33328	STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP DAVIE FL 33328	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP
TITLE T/D	NAME WILLIAM R. FREIL	TITLE 	NAME
STREET ADDRESS 10192 N. LAKE VISTA CR	STREET ADDRESS DAVIE FL 33328	STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP DAVIE FL 33328	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/2003

Date

Daytime Phone #

CR2E037B (12/02)