

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005868

**Entity Name:** LONG LAKE RANCHES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**6951474112CC**

**Current Principal Place of Business:**

1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323 US

**FEI Number: 65-1148121**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILBERGKLEIN PL  
5550 GLADES RD  
SUITE 500  
BOCA RATON, FL 33431 US

*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: DAVID KLEIN**

**02/07/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name MOLL, DIANE  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title PD  
Name RENAUD, RUDY  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name PHILIPSON, ROBERT  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title T  
Name LEIBER, CHARLES  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name MASUR, SHAWN  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name SEATON, TRACY  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

*I hereby 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 all other like empowered.*

**SIGNATURE: RUDY RENAUD**

**PRESIDENT**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date