

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005868

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

01/26/2018

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	DIRECTOR
Name	TRAVISANO, PETER
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	DELVECCHIO, CHARLES
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

01/26/2018

Electronic Signature of Signing Officer/Director Detail

Date