

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005868

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

**FILED**  
**Mar 06, 2024**  
**Secretary of State**  
**2202834416CC**

**Current Principal Place of Business:**

10511 LONE STAR PLACE  
DAVIE, FL 33328

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**FEI Number:** 65-1148121

**Certificate of Status Desired:** No

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

MILBERGKLEIN PL  
1300 N FEDERAL HIGHWAY, SUITE 205  
BOCA RATON, FL 33432 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

03/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HILAL, ELIAS  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            VP  
Name            BRASNER, LAURIE  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            TREASURER  
Name            MASUR, SHAWN  
Address        8200 NW 41 ST  
                  200  
City-State-Zip: DORAL FL 33166

Title            SECRETARY  
Name            BALLAND, NERISSA  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            INTERNOSCIA, TRACY  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            BUSHROD, JERMON  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            ALVAREZ, WALTER  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
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:** ELIAS HILAL

**PRESIDENT**

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date