

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2014
Secretary of State
CC8465038694

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

FEI Number: 65-1148121

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL & BERGER
5297 W. COPANS RD.
MARGATE, FL 33063 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name GADDY, KAREN
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

PRES

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date