

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005382

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

**Current Principal Place of Business:**

MIAMI MANAGEMENT, INC  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

MIAMI MANAGEMENT, INC  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**FEI Number:** 65-0866804

**Certificate of Status Desired:** No

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

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
C207  
HOLLYWOOD-FT. LAUDERDALE, FL 33312 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           TREASURER, DIRECTOR  
Name           STICKLEY, ANA  
Address       1145 SAWGRASS CORP PARKWAY  
City-State-Zip:   SUNRISE FL 33323

Title           SECRETARY, DIRECTOR  
Name           FRANKOSKI, ED  
Address       1145 SAWGRASS CORP PARKWAY  
City-State-Zip:   SUNRISE FL 33323

Title           DIRECTOR  
Name           ORTIZ, LELIS  
Address       1145 SAWGRASS CORP PARKWAY  
City-State-Zip:   SUNRISE FL 33323

Title           PRESIDENT, DIRECTOR  
Name           BAILEY, BRIAN  
Address       1145 SAWGRASS CORP PARKWAY  
City-State-Zip:   SUNRISE FL 33323

Title           VP, DIRECTOR  
Name           WIEGMANN, BRIAN  
Address       1145 SAWGRASS CORP 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:** BRIAN BAILEY

**PRESIDENT**

**02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date