

**2016 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 DIRECTOR  
Name STICKLEY, ANA  
Address 1145 SAWGRASS CORP PARKWAY  
City-State-Zip: SUNRISE FL 33323

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

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

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

Title DIRECTOR  
Name RODGERS, WILLIAM  
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:** RAPHAEL COLE

**PRESIDENT**

**04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date