
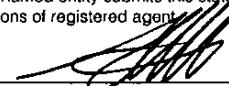
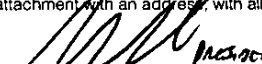


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90190 026 \*\*\*\*61.25

<b>DOCUMENT # N04000003372</b> 1. Entity Name <b>LONG LAKE RANCHES WEST HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071-6039</b>		Mailing Address <b>1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071-6039</b>	
2. Principal Place of Business <b>1600 Sawgrass Corp Pkwy Suite 300 Sunrise FL 33323</b>		3. Mailing Address <b>1600 Sawgrass Corp Pkwy Suite 300 Sunrise FL 33323</b>	
4. FEI Number <b>20-0962001</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HELFMAN, STEVEN M 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071-6039</b>		7. Name and Address of New Registered Agent Name <b>HELFMAN, STEVEN M</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sawgrass Corp Pkwy Suite 300 Sunrise FL 33323</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/16/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD RICKEL, ROBERT 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 330716039 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy Sunrise FL 33323</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD DEPLAZA, MARCIE 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 330716039 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy Sunrise FL 33323</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD MENENDEZ, N. MARIA 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 330716039 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy Sunrise FL 33323</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <b>Robert S. Rickel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/21/06</b> Daytime Phone # <b>954-423-1300</b>	