

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

05-01-2007 90017 013 ****61.25

66020731



1st MOORE CR2E037 (10/06)

DOCUMENT # N06000008119					
1. Entity Name LONGLEAF CONDOMINIUM ELEVEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2301 LONGLEAF BLVD., SUITE 300 LAKE WALES FL 33859			Mailing Address 2301 LONGLEAF BLVD., SUITE 300 LAKE WALES FL 33859		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2402435	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTERS, KATHLEEN A 2655 LEJEUNE ROAD, 5TH FLOOR CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD MIRANDA, JOSEPH F 2301 LONGLEAF BLVD., SUITE 300 LAKE WALES FL 33859	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD GLAUSSER, DAVID 2301 LONGLEAF BLVD., SUITE 300 LAKE WALES FL 33859	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD MIRANDA, SUSAN 2301 LONGLEAF BLVD., SUITE 300 LAKE WALES FL 33859	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			4/20/07 803 679 9936		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

Joseph F. Miranda, Inc.

Developers / General Contractor

2301 Longleaf Boulevard, Suite 300, Lake Wales, Florida 33859

Tel: (863) 679-9936

Fax: (863) 679-9946

66020731

July 31, 2007

Florida Department of State
Divisions of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: L06000025448

N0600008119

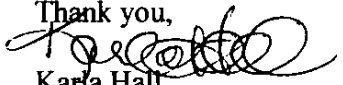
N06000003652

Dear Sir,

Please find the enclosed information that was left out in block 4 from the above referenced numbers.

Please let me know if there is anything else that we need to do.

Thank you,


Karla Hall

Joseph F. Miranda, Inc