2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N23686

1. Entity Name

LONGMAN PROPERTIES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7246 NW 66TH STREET MIAMI, FL 33166 US	7246 NW 66TH STREET MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP   CR2E037 (10/03)

4. FEI Number 65-0033118	Applied For Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, ERIC
7246 NW 66TH ST
MIAMI, FL 33166

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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

Signature and printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 1-19-05

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, DANIEL
STREET ADDRESS	7234 NW 66 ST
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	D
NAME	ROA, HERMAN
STREET ADDRESS	7270 NW 66 ST
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	TD
NAME	CARPENTER, ERIC
STREET ADDRESS	7246 NW 66 ST
CITY-ST-ZIP	MIAMI, FL

TITLE	S
NAME	RIVERA, CLARINES
STREET ADDRESS	7290 NW 66 ST
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80108-U13 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-19-05   Daytime Phone # 305-592-6199