

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001465 (3)**
1. Corporation Name
LONGWOOD HOUSE CONDOMINIUM ASSOCIATION INC.



Principal Place of Business: **11685 CANAL DRIVE N. MIAMI FL 33181**
Mailing Address: **11685 CANAL DRIVE N. MIAMI FL 33181**

3. Date Incorporated or Qualified: **03/24/1994**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-1453404**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24):
2a. Mailing Address (25-30):
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
**BERNSTEIN, HARVEY
11685 CANAL DRIVE
N. MIAMI FL 33181**

10. Name and Address of New Registered Agent (81-85):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, HARVEY	1.2 NAME
STREET ADDRESS	11685 CANAL DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI FL 33181	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, FRANK	2.2 NAME
STREET ADDRESS	11685 CANAL DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI FL 33181	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGSTROM, RUSSELL	3.2 NAME
STREET ADDRESS	11685 CANAL DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI FL 33181	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/2/96** DAYTIME PHONE #: **305-853-4063**

CFR2037 (12/95)