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May 27, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001465**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/24/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1453404
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Country 29	Trust Fund Contribution 30

9. Name and Address of Current Registered Agent

~~SHAW, MARK~~  
~~11685 CANAL DR #308~~  
~~N MIAMI FL 33181~~

10. Name and Address of New Registered Agent

81 Name **MITCH ZIPPER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11685 CANAL DR. #208**

83

84 City **No. MIAMI** FL 85 Zip Code **33181**

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 *[Signature]* DATE **5/25/99**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, MARK	
STREET ADDRESS	11685 CANAL DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, FRANK	
STREET ADDRESS	11685 CANAL DRIVE	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLASE, ANN	
STREET ADDRESS	11685 CANAL DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ADDIE	
STREET ADDRESS	11685 CANAL DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/O MITCH ZIPPER</b>
1.3 STREET ADDRESS	<b>11685 CANAL DR. #208</b>
1.4 CITY-ST-ZIP	<b>N MIAMI, FL 33181</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>N/O ANTHONY DiFINO</b>
2.3 STREET ADDRESS	<b>11685 CANAL DR. #202</b>
2.4 CITY-ST-ZIP	<b>N MIAMI, FL 33181</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T/S/O ANNE BLAIS</b>
3.3 STREET ADDRESS	<b>11685 CANAL DR. #101</b>
3.4 CITY-ST-ZIP	<b>N MIAMI, FL 33181</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* DATE **5/25/99** DAYTIME PHONE # **755-892-8111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)