

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90137 016 ****61.25

DOCUMENT # N94000001465

1. Entity Name

LONGWOOD HOUSE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

11685 CANAL DRIVE
 N. MIAMI FL 33181

11685 CANAL DRIVE
 N. MIAMI FL 33181-3257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1453404

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIPPER, MITCH
11685 CANAL DR #208
N MIAMI FL 33181

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	ZIPPER, MITCH	
STREET ADDRESS	11685 CANAL DR	
CITY-ST-ZIP	MIAMI FL 33181	
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 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	V/D	<input type="checkbox"/> Delete
NAME	ANTHONY DiFINO	
STREET ADDRESS	11685 CANAL DR. #202	
CITY-ST-ZIP	N MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	ANNE BLAIS	
STREET ADDRESS	11685 CANAL DR. #101	
CITY-ST-ZIP	N MIAMI, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

Daytime Phone #