

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90010 035 \*\*\*\*61.25

**DOCUMENT # N94000001465**

1. Entity Name

**LONGWOOD HOUSE CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business <b>11685 CANAL DRIVE N. MIAMI FL 33181</b>	Mailing Address <b>11685 CANAL DRIVE N. MIAMI FL 33181</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1453404</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name: **Anne BLAIS**  
 Street Address (P.O. Box Number is Not Acceptable):  
**11685 CANAL DR. #101**  
 City: **No. MIAMI** FL Zip Code: **33181**

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: *Anne Blais* *Anne Blais* DATE: **02-11-02**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ZIPPER, MITCH</b> <b>11685 CANAL DR</b> <b>MIAMI FL 33181</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <b>BLAIS, ANNE</b> <b>11685 CANAL DR. #101</b> <b>N MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DIFINO, ANTHONY</b> <b>11685 CANAL DR. #202</b> <b>N. MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/D</b> <b>Anne BLAIS</b> <b>11685 CANAL DR. #101</b> <b>No. MIAMI, FL. 33181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Mitchel Zipper</b> <b>11685 CANAL DR. #208</b> <b>No. MIAMI, FL. 33181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>ANTHONY DeFINO</b> <b>11685 CANAL DR. #202</b> <b>No. MIAMI, FL. 33181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENID MARCUS</b> <b>11685 CANAL DR. #408</b> <b>No. MIAMI, FL. 33181</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAURICE HERNANDEZ</b> <b>11685 CANAL DR. #209</b> <b>No. MIAMI, FL. 33181</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anne Blais* **REQUIRE** *Anne Blais* **2/10/02** **305-895-7915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)