


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 049 ****61.25

DOCUMENT # N94000001465					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1453404	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAIS, ANNE 11685 CANAL DR 101 N MIAMI FL 33181			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Anne M. Blais</u> <u>Anne M. Blais President 2/2/04</u> 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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Perry Acosta (VD)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIPPER, MITCH		NAME	11685 CANAL DR. #410	
STREET ADDRESS	11685 CANAL DR 208		STREET ADDRESS	No. MIAMI, FL, 33181	
CITY-ST-ZIP	NO. MIAMI FL 33181		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIS, ANNE		NAME	MARIA FARQUHARSON	
STREET ADDRESS	11685 CANAL DR. #101		STREET ADDRESS	11685 CANAL DR. #308	
CITY-ST-ZIP	NO. MIAMI FL 33181		CITY-ST-ZIP	No. MIAMI, FL, 33181	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIFINO, ANTHONY		NAME	SLAVICA NIKOLIC	
STREET ADDRESS	11685 CANAL DR. #202		STREET ADDRESS	11685 CANAL DRIVE #108	
CITY-ST-ZIP	N. MIAMI FL 33181		CITY-ST-ZIP	No. MIAMI, FL, 33181	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, ENID		NAME		
STREET ADDRESS	11685 CANAL DR 408		STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL 33181		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, CARLOS		NAME		
STREET ADDRESS	11685 CANAL DR. #201		STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL 33181		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Anne M. Blais</u> <u>Anne M. Blais President 2/2/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



MOORE CR2E037 (11/03)