

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90013 012 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

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	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, PERRY		NAME	ACOSTA, PERRY	
STREET ADDRESS	11685 CANAL DR., #410		STREET ADDRESS	11685 CANAL DR. #410	
CITY-ST-ZIP	NO. MIAMI FL 33181		CITY-ST-ZIP	NO. MIAMI, FL, 33181	
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIS, ANNE--		NAME	BLAIS, ANNE	
STREET ADDRESS	11685 CANAL DR. #101		STREET ADDRESS	11685 CANAL DR. #101	
CITY-ST-ZIP	NO. MIAMI FL 33181		CITY-ST-ZIP	NO. MIAMI, FL, 33181	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARQUHARSON, MARIA		NAME	MAURICE, HERNANDEZ	
STREET ADDRESS	11685 CANAL DR., #308		STREET ADDRESS	11685 CANAL DR. #308	
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	NIKOLIC, SLAVICA		NAME		
STREET ADDRESS	11685 CANAL DR., #108		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 exemptions contained in Section 119, 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* Anne Blais - Treasurer 305-895-7915