


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 004 ****61.25

DOCUMENT # N94000001465
1. Entity Name
LONGWOOD HOUSE CONDOMINIUM ASSOCIATION INC.



Principal Place of Business Mailing Address
11685 CANAL DRIVE 11685 CANAL DRIVE
N. MIAMI FL 33181 N. MIAMI FL 33181



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

2100 West 76th Street
Suite 407
Hialeah, FL
33016 *USA*

4. FEI Number Applied For
59-1453404 Not Applicable

5. Certificate of Status Desired **\$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 *Astor Management Services Inc*
Street Address (P.O. Box Number is Not Acceptable) *2100 West 76th Street Suite 407*
City *Hialeah FL* Zip Code *33016*

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 *[Signature]* DATE *02/10/07*

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, PERRY 11685 CANAL DR., #410 NO. MIAMI FL 33181 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAIS, ANNE 11685 CANAL DR. #101 NO. MIAMI FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARQUHARSON, MARIA 11685 CANAL DR., #308 N, MIAMI FL 33181 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, ENID 11685 CANAL DR 408 NO. MIAMI FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, MAURICE 11685 CAN DR. #209 NO. MIAMI FL 33181 <input checked="" 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	Director ROBERT COX 11685 CANAL DR. #203 NO MIAMI, FL. 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director DAN KERR 11685 CANAL DR. #103 NO MIAMI, FL. 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input 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 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: *[Signature]* Date *2/14/07* Daytime Phone # *305-875-7915*

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