

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001465

Entity Name: LONGWOOD HOUSE CONDOMINIUM ASSOCIATION INC.

FILED
Apr 21, 2016
Secretary of State
CC1058906418

Current Principal Place of Business:

11685 CANAL DRIVE,#210
N. MIAMI, FL 33181

Current Mailing Address:

11685 CANAL DRIVE,#210
N. MIAMI, FL 33181

FEI Number: 59-1453404

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

USA MANAGEMENT
19925 NE 10TH PLACE WAY
MIAMI, FL 33179 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SIMONETTI, LEIBAN
Address 11685 CANAL DR., 404
City-State-Zip: NO. MIAMI FL 33181

Title VPD
Name MARCUS, ENID
Address 11685 CANAL DR. 408
City-State-Zip: NO. MIAMI FL 33181

Title SECRETARY
Name DIAZ, IDALIA
Address 11685 CANAL DR 406
City-State-Zip: NO. MIAMI FL 33181

Title TREASURER
Name HERNANDEZ, MARIA
Address 11685 CANAL DRIVE,
 401
City-State-Zip: NO. MIAMI FL 33181

Title DIRECTOR
Name GERVACIO, CARMEN
Address 11685 CANAL DRIVE
 APT 309
City-State-Zip: N MIAMI FL 33181

Title DIRECTOR
Name KAUFMAN, JEFFREY
Address 11685 CANAL DRIVE
 107
City-State-Zip: N MIAMI FL 33181

Title DIRECTOR
Name CUBILLOS, TULIO
Address 11685 CANAL DRIVE
 # 209
City-State-Zip: N MIAMI FL 33181

Title DIRECTOR
Name SERRANO, WENDELIN
Address 11685 CANAL DRIVE
 405
City-State-Zip: N MIAMI FL 33181

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEIBAN SIMONETTI

PRESIDENT

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ACOSTA, ELADIO
Address 11685 CANAL DRIVE
 410
City-State-Zip: N MIAMI FL 33181