2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001465

Entity Name: LONGWOOD HOUSE CONDOMINIUM ASSOCIATION INC.

FILED Apr 05, 2023 **Secretary of State** 8405932430CC

Current Principal Place of Business:

11685 CANAL DRIVE N. MIAMI. FL 33181

Current Mailing Address:

PO BOX 613126 MIAMI, FL 33261 US

FEI Number: 59-1453404 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRU, MARGARITA PROPERTY MANAGER 1770 SANS SOUCI BLVD NORTH MIAMI, FL 33181 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: MARGARITA GRU 04/05/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT** KHAN, MARIA Name Name LASCANO, MARIA Address 11685 CANAL DR. Address 11685 CANAL DR.

City-State-Zip: NORTH MIAMI FL 33181 City-State-Zip: NORTH MIAMI FL 33181

Title **SECRETARY** Title DIRECTOR

Name DIAZ, IDALIA Name HERNANDEZ, MARIA 11685 CANAL DR 406 Address Address 11685 CANAL DRIVE, 401

City-State-Zip: NO. MIAMI FL 33181

City-State-Zip: NO. MIAMI FL 33181

Title DIRECTOR Title **TREASURER**

KAUFMAN, JEFFREY Name Name CERVACIO, CARMEN 11685 CANAL DRIVE Address

11685 CANAL DRIVE Address 107 309

Title

N MIAMI FL 33181 City-State-Zip:

City-State-Zip: NORTH MIAMI FL 33181

VΡ Title

ASST. SECRETARY M'LLYR, FYNN Name VASQUEZ, SONYA Name 11685 CANAL DRIVE Address

Address 11685 CANAL DRIVE 107

202

City-State-Zip: NORTH MIAMI FL 33181 City-State-Zip: NORTH 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.

04/05/2023 **PRESIDENT** SIGNATURE: MARIA LASCANO

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name VARAZETA, PABLO
Address 11685 CANAL DRIVE

404

City-State-Zip: NORTH MIAMI FL 33181