

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07935** (2)

1. Corporation Name

**LONGWOOD RUN COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>All Florida Services</b> 2831 RINGLING BLVD., STE 218-F SARASOTA FL 34237 US	Mailing Address <b>All Florida Services</b> 2831 RINGLING BLVD. STE 2187 SARASOTA FL 34237 US
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3. Date Incorporated or Qualified <b>03/04/1985</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2654885</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**All Florida Services**  
2831 RINGLING BLVD  
SUITE 2187  
SARASOTA FL 34237

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	Zip Code
			<b>100001873681</b>	<b>-06/24/96--01054--02785 FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Samuel P. B...* DATE: **6/11/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, GARY 6250 LONGWOOD RUN BLVD. SARASOTA FL <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PD WINDING, JIM 5761 Beaurivane, Sarasota, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CATHERINE 4520 ASCOT CIRCLE NORTH SARASOTA FL <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VD JOHNSON, CATHERINE 4520 Ascot Circle N Sarasota, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDING, JIM 5761 BEAURIVAGE SARASOTA FL <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	SD JOHNSON, GARY 12 Bishops Crt RD Osprey, FL 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDV ELMAN, BEN 4535 SAN SIRO SARASOTA FL <input checked="" type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	TD CARLOUGH, DAVID SR. 5933 San Michelle Dr Sarasota, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BILL 5624 MONTE ROSSO SARASOTA FL <input checked="" type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	D ECKERT, JIM 5629 Monte Rosso Rd Sarasota, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOUGH, DAVID J SR 5933 SAN MICHELLE DR SARASOTA FL <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	D STOEBER, COLLEEN 5450 Longwood Run Blvd Sarasota, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jim Winding Pres.* DATE: **7/30/96** 366-7466 Daytime Phone #

CR2E037 (12/95)