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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07935 (2)
1. Corporation Name
LONGWOOD RUN COMMUNITY ASSOCIATION, INC.



Principal Place of Business ALL FLORIDA SERVICES 2831 RINGLING BLVD., STE 218-F SARASOTA FL 34237 US	Mailing Address ALL FLORIDA SERVICES 2831 RINGLING BLVD., STE 218-F SARASOTA FL 34237-5354 US
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3. Date Incorporated or Qualified 03/04/1985	3a. Date of Last Report 06/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 59-2654885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GULF COAST MANAGEMENT <i>delete</i> ALL FLORIDA SERVICES 2831 RINGLING BLVD., STE 218-F SARASOTA FL 34237				10. Name and Address of New Registered Agent 81 Name All Florida Services, Inc 82 Street Address (P.O. Box Number is Not Acceptable) delete Gulf Coast Management 83 84 City FL 85 Zip Code			
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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: *Gerald P. Burkhardt* DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDING, JIM	1.2 NAME	
STREET ADDRESS	6761 BEAURIVANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CATHERINE	2.2 NAME	D Janet Christian
STREET ADDRESS	4520 ASCOT CIRCLE NORTH	2.3 STREET ADDRESS	4431 Ascot Circle So
CITY-ST-ZIP	SARASOTA FL 34243	2.4 CITY-ST-ZIP	Sarasota, Fl 34235
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GARY	3.2 NAME	TD Susan Miller
STREET ADDRESS	12 BISHOPS CT.	3.3 STREET ADDRESS	6056 Marella
CITY-ST-ZIP	OSPREY FL 34220	3.4 CITY-ST-ZIP	Sarasota, Fl 34243
TITLE	BTD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOUGH, DAVID SR	4.2 NAME	D Harold Burkhardt
STREET ADDRESS	5933 SAN MICHELLE DR.	4.3 STREET ADDRESS	6122 Varedo St
CITY-ST-ZIP	SARASOTA FL 34243	4.4 CITY-ST-ZIP	Sarasota, Fl 34243
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, JIM	5.2 NAME	
STREET ADDRESS	5629 MONTE ROSSO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOEBER, COLLEEN	6.2 NAME	D Eileen Hefel
STREET ADDRESS	5450 LONGWOOD RUN BLVD.	6.3 STREET ADDRESS	5500 Longwood Run Blvd. #103
CITY-ST-ZIP	SARASOTA FL 34243	6.4 CITY-ST-ZIP	Sarasota, Fl 34235

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gerald P. Burkhardt* DATE: **6-11-97** 941-355-7888

CR2E037 (9/96)