


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Need to check
May 03, 2004 08:00 AM
Secretary of State
61-25

DOCUMENT # N07935
 1. Entity Name
 LONGWOOD RUN COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
 ALL FLORIDA SERVICES ALL FLORIDA SERVICES
 2831 RINGLING BLVD., STE 218-F 2831 RINGLING BLVD., STE 218-F
 SARASOTA, FL 34237 US SARASOTA, FL 34237 US



01172004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2654885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALL FLORIDA SERVICES INC
 2831 RINGLING BLVD.
 STE. 218-F
 SARASOTA, FL 34237

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD WINDING, JIM 5761 BEAURIVANE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D WAHL, BEN 2831 RINGLING BLVD STE 228 F SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD GREGG, MAUREEN 2831 RINGLING BLVD STE 218F SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BURKHARDT, HAROLD 2831 RINGLING BLVD STE 218 F SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS AUERBACH, LAURIE 2831 RINGLING BLVD STE F SARASOTA, FL 342375354
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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 05/04/04-80008-006 61.25

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12. I 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 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: *Jim Winding* Date: 4/12/03 Daytime Phone #: 941-366-7466

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