

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 # N07964 (2)

1. Corporation Name
LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**All Florida Services
GULF COAST MANAGEMENT
2831 RINGLING BLVD SUITE 2187
SARASOTA FL 34237
US**

Mailing Address
**All Florida Services
GULF COAST MANAGEMENT
2831 RINGLING BLVD SUITE 2187
SARASOTA FL 34237
US**

3. Date Incorporated or Qualified: **03/05/1985**
3a. Date of Last Report: **06/30/1995**

4. FEI Number: **59-2653834**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 []
Suite, Apt. #, etc. []
City & State []
Zip [] Country []

2a. Mailing Address
26 []
Suite, Apt. #, etc. []
City & State []
Zip [] Country []

9. Name and Address of Current Registered Agent
**All Florida Services
2831 RINGLING BLVD
SUITE 2187
SARASOTA FL 34237**

10. Name and Address of New Registered Agent
81 Name []
82 Street Address (P.O. Box Number is Not Acceptable) []
83 []
84 City []
85 Zip Code **FL** []

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, CATHERINE S 4520 ASCOT CIRCLE NORTH SARASOTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P JOHNSON, CATHERINE 4520 Ascot Circle N Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CHRISTIAN, JANET 4431 ASCOT CIRCLE SOUTH SARASOTA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S/T CHRISTIAN, JANET 4431 Ascot Circle S. Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JABLONSKI, TONY 4460 ASCOT CIRCLE NORTH SARASOTA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	V JABLOWONSKI, TONY 4460 Ascot, Circle N. Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TABLONSKI, TONY 4460 ASCOT CIRCLE NORTH SARASOTA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D MARINO, GENE 4858 Tivoli Ct. Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARINO, GENE 4858 TIVOLI COURT SARASOTA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, GARY R 4582 DEL SOL BLVD SARASOTA FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D KUPCZ. MICHAEL 4797 Tivoli Place Sarasota, FL 34235

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: Catherine S. Johnson 4/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)