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Apr 11 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 # **N07964** (2)

1. Corporation Name

**LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

**ALL FLORIDA SERVICES
2831 RINGLING BLVD., SUITE 2187
SARASOTA FL 34237
US****ALL FLORIDA SERVICES
2831 RINGLING BLVD., SUITE 2187
SARASOTA FL 34237-5334
US**3. Date Incorporated or Qualified
03/05/19853a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 2055 Wood Street**26 2055 Wood Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 202**27 Suite 202**

City & State

City & State

23 Sarasota, FL**28 Sarasota, FL**

Zip

Country

Zip

Country

24 34237**25 USA****29 34237****30 USA**

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

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 Property & Accounting Management**82 Street Address (P.O. Box Number is Not Acceptable)****2055 Wood Street****83 Suite 202****84 City****Sarasota****FL****85 Zip Code****34237**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE**P
JOHNSON, CATHERINE S
4520 ASCOT CIRCLE NORTH
SARASOTA FL**TITLE ☐ DELETE**ST
CHRISTIAN, JANET
4431 ASCOT CIRCLE SOUTH
SARASOTA FL**TITLE ☐ DELETE**V
JABLONSKI, TONY
4460 ASCOT CIRCLE NORTH
SARASOTA FL**TITLE ☒ DELETE**TD
TABLONSKI, TONY
4460 ASCOT CIRCLE NORTH
SARASOTA FL**TITLE ☒ DELETE**D
MARINO, GENE
4858 TIVOLI COURT
SARASOTA FL**TITLE ☐ DELETE**D
KUPCZ, MICHAEL
4797 TIVOLI PLACE
SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

**SD
Christian, Janet**2.3 STREET ADDRESS **4431 Ascot Circle South**2.4 CITY-ST-ZIP **Sarasota, FL 34235**3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

**D
Haidl, Stanley**5.3 STREET ADDRESS **5255 Tivoli Ave.**5.4 CITY-ST-ZIP **Sarasota, FL 34235**6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

**T/D
Kupczyk, Michael**6.3 STREET ADDRESS **4797 Tivoli Place**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0063324

CR2E037 (9/96)