FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

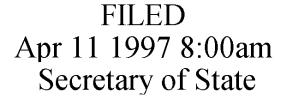
1997 DOCUMENT #

(2)

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	ALL FLORIDA SERVICES 2831 RINGLING BLVD., SUIT SARASOTA FL 34237-5334	E 2187		-
US	US		 Date Incorporated or Qualified 03/05/1985 	3a. Date of Last Report 04/29/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2055 Wood Street	26 2055 Wood	Street	59-2653834	Not Applicable
Suite, Apt #, etc. 22 Suite 202	Suite, Apt. #, etc. 27 Suite 202		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Sarasota, FL	28 Sarasota,		Trust Fund Contribution	Added to Fees
Zip Country 24 34237 25 USA		Country USA		Yes 🔀 No
9. Name and Address of	Current Registered Agent		10. Name and Address of New Reg	
		81 Name	Property & Accounti	ng Management
ALL FLORIDA SERVICES 2831 RINGLING BLVD		82 Street A 2 0 5 5	ddress (P.O. Box Number is Not Acceptable 5 Wood Street	le)
SUITE 2187		83 Sui	te 202	
SARASOTA FL 34237		84 City		85 Zip Code
		Sara	asota	FL 34237
 Pursuant to the provisions of Sections office or registered agent, or both, in the agent I am familiar with, and accept the 	617.0502 and 617.1508, Florida Statutes	the above-named o	corporation submits this statement for the properties board of directors.	urpose of changing its registered
agent I am familiar with, and accept the	he obligations of, Section 617.0503, Flori	ida Statutes.	oration's board or directors. Thereby accep	the appointment as registered
SIGNATURE			4/1/97	
Signature, typed or printed name of reg		Registered Agent signature re		DATE
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE P	DELETE	1.1 TITLE		Change Addition
NAME JOHNSON, CATHERIN		1.2 NAME		
STREET ADDRESS 4520 ASCOT CIRCLE	NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL	DELETE	1.4 CITY-ST-ZIP		Addition.
TITLE ST	[] Direie	I -	SD	Change Addition
NAME CHRISTIAN, JANET	COLUMN		Christian, Janet	. •
STREET ADDRESS 4431 ASCOT CIRCLE	South		4431 Ascot Circle So	outh
CITY-ST-ZIP SARASOTA FL	DELETE		Sarasota, FL 34235	Change Addition
THILE V	L. DECEIE	31 TITLE	•	Change Addition
NAME JABLONSKI, TONY	MODELL	3.2 NAME		
STREET ADDRESS 4480 ASCOT CIRCLE	NURIH	3.3 STREET ADDRESS		•
CITY-ST-ZIP SARASOTA FL	₩ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE TD	Et herete	4.1 TITLE		Change Addition
NAME TABLONSKI, TONY	NODTU	4. 2 NAME		
STREET ADDRESS 4460 ASCOT CIRCLE	NURIT	4.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL	T NOTE	4.4 CITY-ST-ZIP		Change 37 Addition
TITLE D	★] DELETE		D	Change K Addition
MARINO, GENE			Haidl, Stanley	
STREET ADDRESS 4858 TIVOLI COURT			5255 Tivoli Ave.	
CITY-ST-ZIP SARASOTA FL	DELEVE		Sarasota, FL 34235	Change Ladding
TITLE D	☐ DELETE	6,1 TITLE	T/D	Change Addition
NAME KUPCZ, MICHAEL			Kupczyk, Michael	
STREET ADDRESS 4797 TIVOLI PLACE			4797 Tivoli Place	
CITY-ST-ZIP SARASOTA FL		6.4 CITY-ST-ZIP	Sarasota, FL 34235	

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 eport 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.

Daytime Phone # 0063324