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FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07964** (2)

1. Corporation Name

**LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2055 WOOD STREET  
202  
SARASOTA FL 34237  
US**

**2055 WOOD STREET  
202  
SARASOTA FL 34237  
US**

3. Date Incorporated or Qualified

**03/05/1985**

4. FEI Number

**59-2653834**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROPERTY & ACCOUNTING MANAGEMENT  
2055 WOOD STREET  
SUITE 202  
SARASOTA FL 34237**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **JOHNSON, CATHERINE S**  
STREET ADDRESS **4520 ASCOT CIRCLE NORTH**  
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **VPD** ☐ Change ☒ Addition  
1.2 NAME **Rosen, Mary**  
1.3 STREET ADDRESS **4750 Tivoli Ave.**  
1.4 CITY-ST-ZIP **Sarasota, FL 34235**

TITLE **SD** ☒ DELETE  
NAME **CHRISTIAN, JANET**  
STREET ADDRESS **4431 ASCOT CIRCLE SOUTH**  
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **SD** ☐ Change ☒ Addition  
2.2 NAME **LaRusso, Joseph**  
2.3 STREET ADDRESS **4888 Tivoli Ave.**  
2.4 CITY-ST-ZIP **Sarasota, FL 3435**

TITLE **V** ☐ DELETE  
NAME **JABLONSKI, TONY**  
STREET ADDRESS **4460 ASCOT CIRCLE NORTH**  
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **Jablonski, Anthony**  
3.3 STREET ADDRESS **4468 Ascot Circle N.**  
3.4 CITY-ST-ZIP **Sarasota, FL 34235**

TITLE **D** ☒ DELETE  
NAME **HAIDL, STANLEY**  
STREET ADDRESS **6255 TIVOLI AVE.**  
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE **SD** ☒ Change ☐ Addition  
4.2 NAME **Delfin, Lisa**  
4.3 STREET ADDRESS **4732 Tivoli Ave.**  
4.4 CITY-ST-ZIP **Sarasota, FL 34235**

TITLE **D** ☒ DELETE  
NAME **MARINO, GENE**  
STREET ADDRESS **4858 TIVOLI COURT**  
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **KUPCZ, MICHAEL**  
STREET ADDRESS **4797 TIVOLI PLACE**  
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE **PD** ☒ Change ☐ Addition  
6.2 NAME **Kupcz, Michael**  
6.3 STREET ADDRESS **4797 Tivoli Pl.**  
6.4 CITY-ST-ZIP **Sarasota, FL 34235**

14. 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 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

CR2E037 (10/97)