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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07964

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

Principal Place of Business 2055 WOOD STREET 202 SARASOTA FL 34237 US	Mailing Address 2055 WOOD STREET 202 SARASOTA FL 34237 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2653834
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VPD	<input type="checkbox"/>
NAME	ROSEN, MARY	
STREET ADDRESS	4750 TIVOLI AVENUE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input type="checkbox"/>
NAME	LARUSSO, JOSEPH	
STREET ADDRESS	4888 TIVOLI AVENUE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input checked="" type="checkbox"/>
NAME	JABLONSKI, TONY	
STREET ADDRESS	4468 ASCOT CIRCLE NO	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	DELFIN, LISA	
STREET ADDRESS	4732 TIVOLI AVENUE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	<input type="checkbox"/>
NAME	KUPCZ, MICHAEL	
STREET ADDRESS	4797 TIVOLI PLACE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Stan Haidl		
1.3 STREET ADDRESS	4090 Escondito Circle		
1.4 CITY-ST-ZIP	Sarasota FL 34238		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Milton Price		
2.3 STREET ADDRESS	4479 Ascot Circle S.		
2.4 CITY-ST-ZIP	Sarasota FL 34235		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: SIGNATURE *[Signature]* 4/21/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)