



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90101 003 ****61.25

DOCUMENT # N07964 1. Entity Name LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4983 RINGWOOD MEADOW SARASOTA, FL 34235 US				Mailing Address 4983 RINGWOOD MEADOW SARASOTA, FL 34235 US	
2. Principal Place of Business 5037 Ringwood Meadow		3. Mailing Address 5037 Ringwood Meadow			
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B			
City & State SARASOTA, FL		City & State SARASOTA, FL			
Zip 34235		Zip 34235			
Country USA		Country USA		4. FEI Number 59-2653834	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC 4983 RINGWOOD MEADOW 5037 Ringwood Meadow SARASOTA, FL 34235 'B'					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILAN, PHILLIP 4455 ASCOT CIRCLE S. SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUTZ, KAREN 4510 ASCOT CIR. N SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, ANN 4494 ASCOT CIR. N SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, CLARANCE M 4479 ASCOT CIR. S. SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERKINS, FRED 4876 TIVOLI AVE. SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERKINS, FRED 4876 TIVOLI AVE. SARASOTA, FL 34235	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Ball, Bruce 4481 Ascot Circle N. Sarasota, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUTZ, KAREN 4510 ASCOT CIR. N SARASOTA, FL 34235	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, ANN 4494 ASCOT CIR. N SARASOTA, FL 34235	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, CLARANCE M 4479 ASCOT CIR. S. SARASOTA, FL 34235	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERKINS, FRED 4876 TIVOLI AVE. SARASOTA, FL 34235	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERKINS, FRED 4876 TIVOLI AVE. SARASOTA, FL 34235	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>FRED PERKINS</u> 4/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					