


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90202 014 ****61.25

DOCUMENT # N07964

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




Principal Place of Business
5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US

Mailing Address
5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US

2. Principal Place of Business
5041 Ringwood Meadow
 Suite, Apt. #, etc.
STE. 2

3. Mailing Address
5041 Ringwood Meadow
 Suite, Apt. #, etc.
STE. 2

City & State
 Zip Country



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2653834 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PAMI MANAGEMENT INC
5037 RINGWOOD MEADOW B
SARASOTA, FL 34235

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5041 Ringwood Meadow
STE 2
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$81.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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 BALL, BRUCE 4481 ASCOT CIRCLE N SARASOTA, FL 34235	<input 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, CLARANCE M 4479 ASCOT CIR. S. SARASOTA, FL 34235	<input checked="" 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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, BRUCE 4481 ASCOT CIR N SARASOTA, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTZ, KAREN 4510 ASCOT CIR. N SARASOTA, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERS, FRED 4840 TIVOLI AVE SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINKEL, HOWARD 4869 TIVOLI LN. SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERKINS, FRED 4876 TIVOLI AVE SARASOTA, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bruce P Bell* Date: *4-27-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #