


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08597 (9)
 1. Corporation Name
 LONGWOOD RUN SUBDIVISION ASSOCIATION, INC.



Principal Place of Business Mailing Address
 4671 SAN SITO DR. SARASOTA FL 34235 US
 6012 MARELLA DR SARASOTA FL 34243 US

3. Date Incorporated or Qualified
 04/08/1985

4. FEI Number
 59-2965934

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 6056 Marella Dr 26 6056 Marella Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Sarasota, FL. 27 Sarasota, FL.
 City & State City & State
 23 34243 28 34243
 Zip Country Zip Country
 24 25 U.S.A. 29 30 U.S.A.

9. Name and Address of Current Registered Agent
 HALL, JAMES J.
 6012 MARELLA DR.
 SARASOTA FL 34243

10. Name and Address of New Registered Agent
 81 Name Susan J. Miller
 82 Street Address (P.O. Box Number is Not Acceptable) 6056 Marella Dr
 83 Sarasota, FL. 34243
 84 City Sarasota FL 85 Zip Code 34243

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 Susan J. Miller (NOTE: Registered Agent signature required when reinstating) DATE 8-17-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, RICHARD	
STREET ADDRESS	4621 SAN SIRO DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HALL, JAMES J.	
STREET ADDRESS	6012 MARELLA DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SUSAN MILLER	
STREET ADDRESS	6056 MARELLA DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LYNDE FERDINANDE	
STREET ADDRESS	6121 NICOLE DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Miller	
1.3 STREET ADDRESS	6056 Marella Dr	
1.4 CITY-ST-ZIP	Sarasota, FL. 34243	
2.1 TITLE	DVP + TYP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOBBY Barnhill	
2.3 STREET ADDRESS	4531 San Siro Dr	
2.4 CITY-ST-ZIP	Sarasota, FL. 34235	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Douglas Miller	
3.3 STREET ADDRESS	6056 Marella Dr	
3.4 CITY-ST-ZIP	Sarasota, FL. 34243	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: Susan J. Miller DATE: 8-17-98 DAYTIME PHONE #: 941-388-2828

CR2E037 (5/98)