

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90027 017 ****61.25

DOCUMENT # N08597 1. Entity Name LONGWOOD RUN SUBDIVISION ASSOCIATION, INC.					
Principal Place of Business 6056 MARELLA DR SARASOTA, FL 34243 US				Mailing Address 6056 MARELLA DR SARASOTA, FL 34243 US	
2. Principal Place of Business 8466 N Lockwood Ridge		3. Mailing Address Rd. (SAME)			
Suite, Apt. #, etc. 187		Suite, Apt. #, etc. 187			
City & State Sarasota Fl.		City & State Sarasota Fl.			
Zip 34243		Zip 34243			
Country USA		Country USA		01192004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2965934				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SUSAN J 6056 MARELLA DR SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name ALL FLORIDA SERVICES Street Address (P.O. Box Number Is Not Acceptable) 2831 Ringling Blvd 218 F City SARASOTA FL Zip Code 34227		
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 <u><i>M. Gregg</i></u> M. GREGG <u><i>1/4/04</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT GREGG, MAUREEN ☐ Delete 6120 NICOLE DRIVE SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gregg, Maureen ☒ Change ☐ Addition 6120 Nicole Drive Sarasota FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DOUGLAS ☒ Delete 6056 MARELLA DR SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grimshaw, Jim ☐ Change ☒ Addition 4312 Longchamp Dr. Sarasota Fl. 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUSAN MILLER ☒ Delete 6056 MARELLA DR. SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Polkinghorne-Clancey, Johanna ☐ Change ☒ Addition 4314 Longchamp Dr. Sarasota Fl. 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stevens, Augusta ☐ Change ☒ Addition 4351 Longchamp Dr. Sarasota Fl. 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gorman, Gary ☐ Change ☒ Addition 4535 SanSiro Dr. Sarasota Fl. 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Jim Grimshaw			01/19/04 941-359-8020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		