

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08597

FILED
Feb 07, 2005
Secretary of State

Entity Name: LONGWOOD RUN SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

8466 N. LOCKWOOD RIDGE
187
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

8466 N. LOCKWOOD RIDGE
187
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-2965934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA SEVICES
2831 RINGLING BLVD., 218F
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GREGG, MAUREEN
Address: 6120 NICOLE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: GRIMSHAW, JIM
Address: 4312 LONGCHAMP DR.
City-St-Zip: SARASOTA, FL 34235

Title: V () Delete
Name: POKINGHORNE-CLANCEY, JOHANNA
Address: 4314 LONGCHAMP DR.
City-St-Zip: SARASOTA, FL 34235

Title: S () Delete
Name: STEVENS, AUGUSTA
Address: 4351 LONGCHAMP DR.
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: GORMAN, GARY
Address: 4535 SANSIRO DR.
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: EISMAN, ROLLA
Address: 4301 LONGCHAMP DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAX, BARNES
Address: 6053 MARELLA CT.
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM GRIMSHAW

P

02/07/2005

Electronic Signature of Signing Officer or Director

_____ Date