

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90155 049 ****61.25

DOCUMENT # N08597
 1. Entity Name
 LONGWOOD RUN SUBDIVISION ASSOCIATION, INC.



40027260

Principal Place of Business: 8466 N. LOCKWOOD RIDGE, 187 SARASOTA, FL 34243 US
 Mailing Address: 8466 N. LOCKWOOD RIDGE, 187 SARASOTA, FL 34243 US



2. Principal Place of Business: Suite, Apt. #, etc. 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334
 3. Mailing Address: Suite, Apt. #, etc. 2831 RINGLING BLVD., STE 218F SARASOTA FL 34237-5334 City & State

01062006 Chg-NP CR2E037 (11/05)

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

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: Gerald Bishop 3/1/06
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, 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

T EISMAN, ROLLA 4301 LONGCHAMP DRIVE SARASOTA, FL 34235	<input type="checkbox"/> Delete
P GRIMSHAW, JIM 4312 LONGCHAMP DR. SARASOTA, FL 34235	<input type="checkbox"/> Delete
V POKINGHORNE-CLANCEY, JOHANNA 4314 LONGCHAMP DR. SARASOTA, FL 34235	<input type="checkbox"/> Delete
S STEVENS, AUGUSTA 4351 LONGCHAMP DR. SARASOTA, FL 34235	<input type="checkbox"/> Delete
D MAX, BARNES 6053 MARELLA CT. SARASOTA, FL 34243	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jim Grimshaw 3/1/06 941 366 7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone