

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90040 047 ****61.25

DOCUMENT # N27055

1. Entity Name
LONG COMMON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5037 RINGWOOD MEADOW SARASOTA FL 34235	Mailing Address 5037 RINGWOOD MEADOW SARASOTA FL 34235
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0070004	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROYSE, DIANE 4840 SUNDAY CT. SARASOTA FL 34235		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAY, KEN		NAME	
STREET ADDRESS 5657 LONG COMMON		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHURTON, G.W.		NAME	
STREET ADDRESS 5683 LONG COMMON		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZUCHELLI, JEAN		NAME	
STREET ADDRESS 5509 E. LONG COMMON		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARSON, GERALD		NAME	
STREET ADDRESS 5600 LONG COMMON		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARNOCK, BOB		NAME	
STREET ADDRESS 4444 LONG COMMON		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34235		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kenneth H. Kay / **KENNETH H. KAY** Date: 2-19-02 Daytime Phone # _____

CR2E037 (9/01)