


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90059 025 \*\*\*\*61.25

**DOCUMENT # N27055**  
 1. Entity Name  
**LONG COMMON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 2004 LONGMEADOW      2004 LONGMEADOW  
 SARASOTA FL 34235      SARASOTA FL 34235



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State

4. FEI Number      Applied For  
**65-0070004**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**STOKES, REBECCA F**  
**3053 51ST ST.**  
**SARASOTA FL 34234**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>FR *</del> <del>KAY, KEN</del> <del>5657 LONG COMMON</del> <del>SARASOTA FL 34235</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>DR</del> <del>CHURTON, G.W.</del> <del>5657 LONG COMMON</del> <del>SARASOTA FL 34235</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ARD COYNE, FRANK 5655 E. LONG COMMON CT. SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, JOSEPH P 4509 LONG COMMON SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, WILLIAM 4492 LONG COMMON SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Runyon 5650 E. Long Common Ct. Sarasota, FL 34235 <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bill Sauer 5715 Long Common Sarasota, FL 34235 <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, Vice-Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Frank Coyne* Frank Coyne, Director 4/1/07 941 355 4880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Cayman Photo