

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27055

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** LONG COMMON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2004 LONGMEADOW  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

2004 LONGMEADOW  
SARASOTA, FL 34235

**New Mailing Address:**

FEI Number: 65-0070004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOKES, REBECCA F  
3053 51ST ST.  
SARASOTA, FL 34234 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: SD ( ) Delete  
Name: RUNYON, KAREN  
Address: 5650 E. LONG COMMON CT  
City-St-Zip: SARASOTA, FL 34235

Title: TD ( ) Delete  
Name: SAUER, BILL  
Address: 5715 LONG COMMON  
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete  
Name: COYNE, FRANK  
Address: 5655 E. LONG COMMON CT.  
City-St-Zip: SARASOTA, FL 34235

Title: DP ( ) Delete  
Name: MURPHY, JOSEPH P  
Address: 4509 LONG COMMON  
City-St-Zip: SARASOTA, FL 34235

Title: DV ( ) Delete  
Name: THOMAS, WILLIAM  
Address: 4492 LONG COMMON  
City-St-Zip: SARASOTA, FL 34235

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN RUNYON

SD

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date