FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:07

DOCUMENT # **N07964** **(2)**

1. Corporation Name

LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATI ON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5023 RINGWOOD MDW BLDG F SARASOTA FL 34235 US	5023 RINGWOOD MDW BLDG F SARASOTA FL 34235 US

3. Date Incorporated or Qualified: 03/05/1985
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2653834 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Gulf Coast Management	26 Gulf Coast Management
Suite, Apt. #, etc. 22 2831 Rimlng Blvd	Suite, Apt. #, etc. 27 2831 Rimlng Blvd.
City & State 23 Sarasota, Florida	City & State 28 Sarasota, Florida
Zip 24 34237 County 25 USA	Zip 29 34237 County 30 USA

9. Name and Address of Current Registered Agent

GULF COAST MANAGEMENT OF SARASOTA INC
5023 RINGWOOD MDW
BLDG F
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name: Gulf Coast Management
82 Street Address (P.O. Box Number is Not Acceptable): 2831 Rimlng Blvd.
83: Suite 2187
84 City: Sarasota FL 85 Zip Code: 34237

11. Pursuant to the provisions of Section 607.0502 and 607.1660, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I hereby certify that I was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent, Florida Statutes.

SIGNATURE: [signature] DATE: 6/16/95
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	HORNSBY, ROBERT	12 NAME	Catherine S Johnson
STREET ADDRESS	4881 -TIVOLI AVE	13 STREET ADDRESS	4520 Ascot Circle North
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	Sarasota, FL 34235
TITLE	VD	21 TITLE	VP/Sec ☑ Change ☐ Addition
NAME	JOHNSON, VILBERT E.	22 NAME	Janet Christaras
STREET ADDRESS	4520 ASCOT CIRCLE NORTH	23 STREET ADDRESS	4431 Ascot Circle South
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	Sarasota, FL 34235
TITLE	SD	31 TITLE	☑ Change ☐ Addition
NAME	JABLONSKI, TONY	32 NAME	
STREET ADDRESS	4480 ASCOT CIRCLE NORTH	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MARINO, EUGENE	42 NAME	TD
STREET ADDRESS	4858 TIVOLI CT	43 STREET ADDRESS	Tony Jablonski
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	4480 Ascot Circle North
TITLE	D	51 TITLE	Sarasota, FL 34235 ☐ Change ☒ Addition
NAME	JOHNSON, GARY R	52 NAME	D
STREET ADDRESS	4601 DEL SOL BLVD	53 STREET ADDRESS	Gene Marino
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	4858 Tivoli Court
TITLE		61 TITLE	Sarasota, FL 34235 ☐ Addition
NAME		62 NAME	D
STREET ADDRESS		63 STREET ADDRESS	Gary Johnson
CITY ST ZIP		64 CITY ST ZIP	4582 Del Sol Blvd
			Sarasota, FL 34243

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 11/15/95 (813) 366-7416
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

00184N7